

				AID CODE 10				----- MONTHLY AVERAGE -----			
109,516 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE				
@TOTAL, ALL PROVIDERS	77,758	5,919,470	\$ 33,232,857.67	\$ 5.61	54.051	\$ 427.39	\$ 303.45				
@PHYSICIANS SERVICES	21,152	62,238	\$ 1,338,726.45	\$ 21.51	.568	\$ 63.29	\$ 12.22				
OUTPATIENT VISITS	4,944	6,826	226,164.87	33.13	.062	45.75	2.07				
OFFICE VISITS	4,679	6,316	198,416.58	31.41	.058	42.41	1.81				
HOME VISITS	1	1	34.30	34.30	.000	34.30	.00				
EMERGENCY ROOM	297	322	23,639.80	73.42	.003	79.60	.22				
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00				
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00				
OTHER OUTPATIENT	137	187	4,074.19	21.79	.002	29.74	.04				
INPATIENT VISITS	250	1,215	55,642.65	45.80	.011	222.57	.51				
HOSPITAL VISITS	218	1,129	48,707.67	43.14	.010	223.43	.44				
CRITICAL CARE	17	48	5,836.80	121.60	.000	343.34	.05				
SNF/ICF/TRANS IP CARE	29	38	1,098.18	28.90	.000	37.87	.01				
OPHTHALMOLOGICAL SERVICES	206	227	9,378.78	41.32	.002	45.53	.09				
EXAMINATIONS	180	200	8,838.78	44.19	.002	49.10	.08				
SERVICES AND MATERIALS	26	27	540.00	20.00	.000	20.77	.00				
INPATIENT HOSPITAL SURGERY	103	548	54,811.08	100.02	.005	532.15	.50				
PRINCIPAL SURGEON	62	98	39,731.46	405.42	.001	640.83	.36				
ASSISTANT SURGEON	16	16	4,172.54	260.78	.000	260.78	.04				
ANESTHESIOLOGIST	46	434	10,907.08	25.13	.004	237.11	.10				
OUTPATIENT SURGERY	393	841	127,236.49	151.29	.008	323.76	1.16				
PRINCIPAL SURGEON	349	475	116,455.59	245.17	.004	333.68	1.06				
ASSISTANT SURGEON	4	4	552.12	138.03	.000	138.03	.01				
ANESTHESIOLOGIST	74	362	10,228.78	28.26	.003	138.23	.09				
DIALYSIS	16	71	4,297.80	60.53	.001	268.61	.04				
PATHOLOGY	1,094	1,797	14,767.80	8.22	.016	13.50	.13				
RADIOLOGY	1,136	2,166	98,605.56	45.52	.020	86.80	.90				
PSYCHIATRY	0	0	.00	.00	.000	.00	.00				
IMMUNIZATION AND INJECTION	315	903	15,719.37	17.41	.008	49.90	.14				
OTHER SERVICES/ALL X-OVERS	16,643	47,644	732,102.05	15.37	.435	43.99	6.68				
@PHARMACY	64,312	1,242,226	\$ 13,823,120.40	\$ 11.13	11.343	\$ 214.94	\$ 126.22				
PRESCRIPTION DRUGS	63,511	245,392	13,290,680.62	54.16	2.241	209.27	121.36				
SNF/ICF	1,728	9,778	470,150.93	48.08	.089	272.08	4.29				
OUTPATIENTS	62,089	235,614	12,820,529.69	54.41	2.151	206.49	117.07				
MEDICAL SUPPLIES	4,915	996,834	532,439.78	.53	9.102	108.33	4.86				
@DENTIST	5,820	24,997	\$ 1,271,483.83	\$ 50.87	.228	\$ 218.47	\$ 11.61				
VISITS - DIAGNOSTIC	3,550	14,625	182,135.92	12.45	.134	51.31	1.66				
ORAL SURGERY	1,093	2,684	128,437.82	47.85	.025	117.51	1.17				
DRUGS	2	2	65.00	32.50	.000	32.50	.00				
ANESTHESIA	3	3	200.00	66.67	.000	66.67	.00				
PERIODONTICS	395	404	67,460.00	166.98	.004	170.78	.62				
ENDODONTICS	299	467	109,040.50	233.49	.004	364.68	1.00				
RESTORATIVE DENTISTRY	1,144	2,756	275,722.60	100.04	.025	241.02	2.52				
PROSTHETICS	101	110	3,285.00	29.86	.001	32.52	.03				
DENTURES, STAYPLATES	1,516	3,926	505,000.95	128.63	.036	333.11	4.61				
SPACE MAINTAINERS	1	1	.00	.00	.000	.00	.00				
MAXILLOFACIAL SERVICES	1	3	86.04	28.68	.000	86.04	.00				
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00				
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00				
ALL OTHER SERVICES	17	16	50.00	3.13	.000	2.94	.00				

SACRAMENTO COUNTY		SUMMARY OF SERVICES FOR CASH GRANT - AGED			AID CODE 10		----- MONTHLY AVERAGE -----		
109,516 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	2,721	9,725	\$ 188,857.47	\$ 19.42	.089	\$ 69.41	\$ 1.72		
DIAGNOSTIC AND ANC. PROCED	1,051	1,067	48,919.40	45.85	.010	46.55	.45		
EYE APPLIANCES	2,323	8,311	132,384.85	15.93	.076	56.99	1.21		
OTHER OPTOMETRIC SERVICES	218	347	7,553.22	21.77	.003	34.65	.07		
@CHIROPRACTOR	14	26	\$ 298.11	\$ 11.47	.000	\$ 21.29	\$.00		
VISITS	2	6	100.32	16.72	.000	50.16	.00		
OTHER SERVICES	12	20	197.79	9.89	.000	16.48	.00		
@PODIATRIST	1,791	2,995	\$ 39,316.94	\$ 13.13	.027	\$ 21.95	\$.36		
MEDICINE/INJECTIONS	148	175	4,867.09	27.81	.002	32.89	.04		
SURGERY/ANES.	26	33	455.74	13.81	.000	17.53	.00		
RADIO./PATHOLOGY	3	5	86.50	17.30	.000	28.83	.00		
OTHER	1,644	2,782	33,907.61	12.19	.025	20.63	.31		
@HOME HEALTH AGENCY	110	1,028	\$ 73,327.44	\$ 71.33	.009	\$ 666.61	\$.67		
NURSE ANESTHESIST	97	662	\$ 4,061.46	\$ 6.14	.006	\$ 41.87	\$.04		
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00		
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00		
FAMILY NURSE PRACTITIONER	7	9	\$ 228.36	\$ 25.37	.000	\$ 32.62	\$.00		
@TOTAL HOSPITAL	5,620	34,761	\$ 6,279,142.82	\$ 180.64	.317	\$ 1117.29	\$ 57.34		
HOSP INPATIENT TOTAL	1,218	7,233	5,761,132.71	796.51	.066	4729.99	52.61		
HSC HOSPITALS	911	5,117	5,357,030.80	1046.91	.047	5880.39	48.92		
NON-HSC HOSPITAL TOTAL	54	219	197,835.36	903.36	.002	3663.62	1.81		
ACCOMMODATIONS	53	219	79,730.46	364.07	.002	1504.35	.73		
ADMINISTRATIVE DAYS	33	144	27,489.10	190.90	.001	833.00	.25		
TRANSITIONAL IP CARE	0	0	125.86	.00	.000	.00	.00		
ALL OTHER ACCOM	20	75	52,115.50	694.87	.001	2605.78	.48		
ANCILLARIES	52	0	118,104.90	.00	.000	2271.25	1.08		
INPATIENT CROSSOVERS	277	1,897	206,266.56	108.73	.017	744.64	1.88		
ALL OTHER INPATIENT	0	0	.01CR	.00	.000	.00	.00		
HOSP OUTPATIENT TOTAL	4,565	27,528	518,010.11	18.82	.251	113.47	4.73		
MEDICAL	206	267	12,594.30	47.17	.002	61.14	.11		
SURGERY	105	117	7,895.02	67.48	.001	75.19	.07		
PATHOLOGY	346	1,970	17,127.87	8.69	.018	49.50	.16		
RADIOLOGY	274	503	41,053.33	81.62	.005	149.83	.37		
ROOM USE	478	742	35,075.57	47.27	.007	73.38	.32		
CROSSOVERS/ALL OTH OUTPTNT	4,088	23,929	404,264.02	16.89	.218	98.89	3.69		
@COUNTY HOSPITAL TOTAL	19	96	\$ 2,899.19	\$ 30.20	.001	\$ 152.59	\$.03		
CO HOSPITAL INPATIENT TOTAL	1	1	1,120.00	1120.00	.000	1120.00	.01		
HSC HOSPITALS	1	1	1,120.00	1120.00	.000	1120.00	.01		
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00		
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00		
ANCILLARIES	0	0	.00	.00	.000	.00	.00		
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
CO HOSP OUTPATIENT TOTAL	18	95	1,779.19	18.73	.001	98.84	.02		
MEDICAL	7	20	803.23	40.16	.000	114.75	.01		
SURGERY	0	0	.00	.00	.000	.00	.00		
PATHOLOGY	3	36	287.45	7.98	.000	95.82	.00		

RADIOLOGY	2	3	61.56	20.52	.000	30.78	.00
ROOM USE	5	6	205.63	34.27	.000	41.13	.00
CROSSOVERS/ALL OTH OUTPTNT	10	30	421.32	14.04	.000	42.13	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 10,035
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - AGED						AID CODE 10
----- MONTHLY AVERAGE -----							
109,516 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,602	34,665	\$ 6,276,243.63	\$ 181.05	.317	\$ 1120.36	\$ 57.31
COMM HOSP INPATIENT TOTAL	1,218	7,232	5,760,012.71	796.46	.066	4729.07	52.60
HSC HOSPITALS	910	5,116	5,355,910.80	1046.89	.047	5885.62	48.91
NON-HSC HOSPITALS TOTAL	54	219	197,835.36	903.36	.002	3663.62	1.81
ACCOMMODATIONS	53	219	79,730.46	364.07	.002	1504.35	.73
ADMINISTRATIVE DAYS	33	144	27,489.10	190.90	.001	833.00	.25
TRANSITIONAL IP CARE	0	0	125.86	.00	.000	.00	.00
ALL OTHER ACCOM	20	75	52,115.50	694.87	.001	2605.78	.48
ANCILLARIES	52	0	118,104.90	.00	.000	2271.25	1.08
INPATIENT CROSSOVERS	277	1,897	206,266.56	108.73	.017	744.64	1.88
ALL OTHER INPATIENT	0	0	.01CR	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4,547	27,433	516,230.92	18.82	.250	113.53	4.71
MEDICAL	199	247	11,791.07	47.74	.002	59.25	.11
SURGERY	105	117	7,895.02	67.48	.001	75.19	.07
PATHOLOGY	343	1,934	16,840.42	8.71	.018	49.10	.15
RADIOLOGY	272	500	40,991.77	81.98	.005	150.71	.37
ROOM USE	473	736	34,869.94	47.38	.007	73.72	.32
CROSSOVERS/ALL OTH OUTPTNT	4,078	23,899	403,842.70	16.90	.218	99.03	3.69
@STATE HOSPITAL	0	0	\$ 21.38	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	21.38	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1,771	44,582	\$ 5,742,303.70	\$ 128.80	.407	\$ 3242.41	\$ 52.43
LEV A-INTERMEDIATE	23	605	44,652.64	73.81	.006	1941.42	.41
LEV B-REHAB MD	13	373	45,106.89	120.93	.003	3469.76	.41
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	13	495	260,915.73	527.10	.005	20070.44	2.38
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1,735	43,109	5,391,628.44	125.07	.394	3107.57	49.23
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	375	1,514	\$ 315,133.07	\$ 208.15	.014	\$ 840.35	\$ 2.88
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	375	1,514	315,133.07	208.15	.014	840.35	2.88
@REHABILITATION FACILITY	7	12	\$ 435.50	\$ 36.29	.000	\$ 62.21	\$.00
HOSPITAL BASED	7	12	435.50	36.29	.000	62.21	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1,611	6,220	\$ 71,886.97	\$ 11.56	.057	\$ 44.62	\$.66
PATHOLOGY	1,471	5,971	69,098.22	11.57	.055	46.97	.63
XO AND OTHERS	140	249	2,788.75	11.20	.002	19.92	.03
@ORGANIZED OUTPATIENT CLINIC	785	2,047	\$ 125,703.74	\$ 61.41	.019	\$ 160.13	\$ 1.15
CLINIC	165	587	14,361.56	24.47	.005	87.04	.13
SURGICENTER	353	989	78,192.53	79.06	.009	221.51	.71
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	271	471	33,149.65	70.38	.004	122.32	.30
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 10,036

						----- MONTHLY AVERAGE -----		
	109,516 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	17,422		4,486,428	\$ 3,958,810.03	\$.88	40.966	\$ 227.23	\$ 36.15
DURABLE MED. EQUIP.	673		1,436	202,341.39	140.91	.013	300.66	1.85
BLOOD BANK	1		20	496.00	24.80	.000	496.00	.00
HEARING AID DISPENSERS	136		172	35,819.94	208.26	.002	263.38	.33
MEDICAL TRANSPORTATION	2,674		92,105	430,982.56	4.68	.841	161.18	3.94
AMBULANCES/AIR TRANS	247		1,964	33,970.72	17.30	.018	137.53	.31
OTHER TRANS	1,109		76,504	294,359.22	3.85	.699	265.43	2.69
OTHER SERVICES	1,470		13,637	102,652.62	7.53	.125	69.83	.94
ACUPUNCTURE	2,331		5,919	103,893.50	17.55	.054	44.57	.95
ADULT DAY HEALTH CARE CTR	1,558		20,904	1,398,539.77	66.90	.191	897.65	12.77
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	661		6,576	346,383.25	52.67	.060	524.03	3.16
OCCUPATIONAL THERAPIST	1		4	84.76	21.19	.000	84.76	.00
OPTICIAN	2,952		7,686	92,899.90	12.09	.070	31.47	.85
PHYSICAL THERAPIST	4		12	149.03	12.42	.000	37.26	.00
PORTABLE X-RAY	18		30	74.56	2.49	.000	4.14	.00
PROSTHETIST/ORTHOTISTS	508		1,080	42,547.03	39.40	.010	83.75	.39
PROSTHETICS	429		969	33,528.42	34.60	.009	78.15	.31
ORTHOTICS	92		111	9,018.61	81.25	.001	98.03	.08
PSYCHOLOGIST	3		3	75.07	25.02	.000	25.02	.00
SPEECH AND AUDIOLOGY	493		1,163	119,044.85	102.36	.011	241.47	1.09
HOSPICE SERVICES	121		3,072	411,197.60	133.85	.028	3398.33	3.75
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4		13	120.50	9.27	.000	30.13	.00
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	7,826		4,346,233	774,160.32	.18	39.686	98.92	7.07
@CALIF. CHILDREN SERVICES*	2		1	\$ 118.13	\$ 118.13	.000	\$ 59.07	\$.00
@XOVER EXCLUDING STATE HOSP**	23,297		299,371	\$ 2,277,141.31	\$ 7.61	2.734	\$ 97.74	\$ 20.79

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SACRAMENTO COUNTY

SUMMARY OF SERVICES FOR CASH GRANT - BLIND

AID CODE 20

						----- MONTHLY AVERAGE -----		
	11,327 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	8,421		750,728	\$ 6,005,006.45	\$ 8.00	66.278	\$ 713.10	\$ 530.15
@PHYSICIANS SERVICES	3,113		9,873	\$ 333,285.06	\$ 33.76	.872	\$ 107.06	\$ 29.42
OUTPATIENT VISITS	1,654		2,437	84,692.90	34.75	.215	51.20	7.48
OFFICE VISITS	1,252		1,729	55,099.54	31.87	.153	44.01	4.86
HOME VISITS	0		0	.00	.00	.000	.00	.00
EMERGENCY ROOM	253		304	17,873.11	58.79	.027	70.64	1.58
PREVENTIVE CARE	0		0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	15		29	1,986.25	68.49	.003	132.42	.18
OTHER OUTPATIENT	284		375	9,734.00	25.96	.033	34.27	.86
INPATIENT VISITS	162		704	31,354.97	44.54	.062	193.55	2.77
HOSPITAL VISITS	114		610	26,453.24	43.37	.054	232.05	2.34
CRITICAL CARE	5		15	2,380.12	158.67	.001	476.02	.21

SNF/ICF/TRANS IP CARE	58	79		2,521.61	31.92	.007	43.48	.22
OPHTHALMOLOGICAL SERVICES	195	239		9,062.88	37.92	.021	46.48	.80
EXAMINATIONS	192	236		9,002.88	38.15	.021	46.89	.79
SERVICES AND MATERIALS	3	3		60.00	20.00	.000	20.00	.01
INPATIENT HOSPITAL SURGERY	46	193		17,761.77	92.03	.017	386.13	1.57
PRINCIPAL SURGEON	37	46		14,148.40	307.57	.004	382.39	1.25
ASSISTANT SURGEON	3	3		344.54	114.85	.000	114.85	.03
ANESTHESIOLOGIST	17	144		3,268.83	22.70	.013	192.28	.29
OUTPATIENT SURGERY	191	531		63,130.41	118.89	.047	330.53	5.57
PRINCIPAL SURGEON	153	202		53,133.77	263.04	.018	347.28	4.69
ASSISTANT SURGEON	4	4		953.84	238.46	.000	238.46	.08
ANESTHESIOLOGIST	59	325		9,042.80	27.82	.029	153.27	.80
DIALYSIS	56	396		16,020.62	40.46	.035	286.08	1.41
PATHOLOGY	228	408		3,608.56	8.84	.036	15.83	.32
RADIOLOGY	448	935		42,788.99	45.76	.083	95.51	3.78
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	102	151		7,710.78	51.06	.013	75.60	.68
OTHER SERVICES/ALL X-OVERS	1,363	3,879		57,153.18	14.73	.342	41.93	5.05
@PHARMACY	6,676	192,149	\$	2,099,682.99	\$ 10.93	16.964	\$ 314.51	\$ 185.37
PRESCRIPTION DRUGS	6,512	28,261		1,904,102.66	67.38	2.495	292.40	168.10
SNF/ICF	170	1,165		70,286.51	60.33	.103	413.45	6.21
OUTPATIENTS	6,375	27,096		1,833,816.15	67.68	2.392	287.66	161.90
MEDICAL SUPPLIES	1,130	163,888		195,580.33	1.19	14.469	173.08	17.27
@DENTIST	665	2,855	\$	118,447.70	\$ 41.49	.252	\$ 178.12	\$ 10.46
VISITS - DIAGNOSTIC	453	1,895		25,318.20	13.36	.167	55.89	2.24
ORAL SURGERY	99	215		9,628.00	44.78	.019	97.25	.85
DRUGS	1	1		.00	.00	.000	.00	.00
ANESTHESIA	1	1		100.00	100.00	.000	100.00	.01
PERIODONTICS	50	61		11,324.00	185.64	.005	226.48	1.00
ENDODONTICS	37	52		12,489.00	240.17	.005	337.54	1.10
RESTORATIVE DENTISTRY	166	378		34,471.00	91.19	.033	207.66	3.04
PROSTHETICS	9	9		270.00	30.00	.001	30.00	.02

DENTURES, STAYPLATES	81	237	24,847.50	104.84	.021	306.76	2.19
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	5	6	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,038
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

11,327 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	148	489	\$ 10,330.37	\$ 21.13	.043	\$ 69.80	\$.91
DIAGNOSTIC AND ANC. PROCED	64	67	2,970.94	44.34	.006	46.42	.26
EYE APPLIANCES	120	406	7,010.01	17.27	.036	58.42	.62
OTHER OPTOMETRIC SERVICES	10	16	349.42	21.84	.001	34.94	.03
@CHIROPRACTOR	19	40	\$ 656.26	\$ 16.41	.004	\$ 34.54	\$.06
VISITS	19	40	656.26	16.41	.004	34.54	.06
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	236	403	\$ 6,556.50	\$ 16.27	.036	\$ 27.78	\$.58
MEDICINE/INJECTIONS	62	87	2,180.42	25.06	.008	35.17	.19
SURGERY/ANES.	7	10	221.24	22.12	.001	31.61	.02
RADIO./PATHOLOGY	2	3	51.90	17.30	.000	25.95	.00
OTHER	174	303	4,102.94	13.54	.027	23.58	.36
@HOME HEALTH AGENCY	130	9,469	\$ 305,325.70	\$ 32.24	.836	\$ 2348.66	\$ 26.96
NURSE ANESTHESIST	9	26	\$ 476.01	\$ 18.31	.002	\$ 52.89	\$.04
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	14	23	\$ 600.93	\$ 26.13	.002	\$ 42.92	\$.05
@TOTAL HOSPITAL	1,297	8,749	\$ 1,202,281.48	\$ 137.42	.772	\$ 926.97	\$ 106.14
HOSP INPATIENT TOTAL	159	1,042	1,014,899.44	973.99	.092	6383.02	89.60
HSC HOSPITALS	126	761	834,785.29	1096.96	.067	6625.28	73.70
NON-HSC HOSPITAL TOTAL	12	131	164,554.11	1256.14	.012	13712.84	14.53
ACCOMMODATIONS	12	131	50,252.64	383.61	.012	4187.72	4.44
ADMINISTRATIVE DAYS	9	74	15,153.79	204.78	.007	1683.75	1.34
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	57	35,098.85	615.77	.005	7019.77	3.10
ANCILLARIES	12	0	114,301.47	.00	.000	9525.12	10.09
INPATIENT CROSSOVERS	25	150	15,560.04	103.73	.013	622.40	1.37
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,191	7,707	187,382.04	24.31	.680	157.33	16.54
MEDICAL	158	201	11,728.51	58.35	.018	74.23	1.04
SURGERY	89	95	7,333.81	77.20	.008	82.40	.65
PATHOLOGY	339	2,537	19,854.49	7.83	.224	58.57	1.75
RADIOLOGY	203	318	25,047.70	78.77	.028	123.39	2.21
ROOM USE	687	1,139	47,015.41	41.28	.101	68.44	4.15
CROSSOVERS/ALL OTH OUTPTNT	615	3,417	76,402.12	22.36	.302	124.23	6.75
@COUNTY HOSPITAL TOTAL	14	142	\$ 97,493.03	\$ 686.57	.013	\$ 6963.79	\$ 8.61
CO HOSPITAL INPATIENT TOTAL	6	100	96,566.99	965.67	.009	16094.50	8.53
HSC HOSPITALS	6	87	91,176.00	1048.00	.008	15196.00	8.05
NON-HSC HOSPITALS TOTAL	1	13	5,390.99	414.69	.001	5390.99	.48
ACCOMMODATIONS	1	13	3,006.90	231.30	.001	3006.90	.27
ADMINISTRATIVE DAYS	1	13	3,006.90	231.30	.001	3006.90	.27
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	2,384.09	.00	.000	2384.09	.21

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	9	42	926.04	22.05	.004	102.89	.08
MEDICAL	3	3	75.23	25.08	.000	25.08	.01
SURGERY	2	2	28.41	14.21	.000	14.21	.00
PATHOLOGY	3	11	131.32	11.94	.001	43.77	.01
RADIOLOGY	4	5	290.02	58.00	.000	72.51	.03
ROOM USE	5	6	257.72	42.95	.001	51.54	.02
CROSSOVERS/ALL OTH OUTPTNT	5	15	143.34	9.56	.001	28.67	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,039
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

	11,327 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,291	8,607	\$ 1,104,788.45	\$ 128.36	.760	\$ 855.76	\$ 97.54	
COMM HOSP INPATIENT TOTAL	153	942	918,332.45	974.88	.083	6002.17	81.07	
HSC HOSPITALS	120	674	743,609.29	1103.28	.060	6196.74	65.65	
NON-HSC HOSPITALS TOTAL	11	118	159,163.12	1348.84	.010	14469.37	14.05	
ACCOMMODATIONS	11	118	47,245.74	400.39	.010	4295.07	4.17	
ADMINISTRATIVE DAYS	8	61	12,146.89	199.13	.005	1518.36	1.07	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	5	57	35,098.85	615.77	.005	7019.77	3.10	
ANCILLARIES	11	0	111,917.38	.00	.000	10174.31	9.88	
INPATIENT CROSSOVERS	25	150	15,560.04	103.73	.013	622.40	1.37	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	1,185	7,665	186,456.00	24.33	.677	157.35	16.46	
MEDICAL	155	198	11,653.28	58.85	.017	75.18	1.03	
SURGERY	87	93	7,305.40	78.55	.008	83.97	.64	
PATHOLOGY	337	2,526	19,723.17	7.81	.223	58.53	1.74	
RADIOLOGY	200	313	24,757.68	79.10	.028	123.79	2.19	
ROOM USE	682	1,133	46,757.69	41.27	.100	68.56	4.13	
CROSSOVERS/ALL OTH OUTPTNT	610	3,402	76,258.78	22.42	.300	125.01	6.73	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	163	4,111	\$ 739,858.09	\$ 179.97	.363	\$ 4539.01	\$ 65.32	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	1	27	3,265.11	120.93	.002	3265.11	.29	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	7	395	202,234.99	511.99	.035	28890.71	17.85	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	155	3,689	534,357.99	144.85	.326	3447.47	47.18	
@INTERMEDIATE CARE FACIL.-DD	4	187	\$ 27,658.32	\$ 147.91	.017	\$ 6914.58	\$ 2.44	
ICF DDH	4	187	27,658.32	147.91	.017	6914.58	2.44	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	203	5,405	\$ 285,306.01	\$ 52.79	.477	\$ 1405.45	\$ 25.19	
HOSPITAL BASED	3	34	6,086.11	179.00	.003	2028.70	.54	
HEMODIALYSIS CENTER	201	5,371	279,219.90	51.99	.474	1389.15	24.65	
@REHABILITATION FACILITY	112	801	\$ 16,568.21	\$ 20.68	.071	\$ 147.93	\$ 1.46	
HOSPITAL BASED	17	58	1,472.39	25.39	.005	86.61	.13	
INDEPENDENT FACILITY	95	743	15,095.82	20.32	.066	158.90	1.33	
@LABORATORY FACILITY	492	2,287	\$ 26,776.56	\$ 11.71	.202	\$ 54.42	\$ 2.36	
PATHOLOGY	486	2,277	26,720.34	11.73	.201	54.98	2.36	
XO AND OTHERS	6	10	56.22	5.62	.001	9.37	.00	

@ORGANIZED OUTPATIENT CLINIC	199	448	\$	34,882.85	\$	77.86	.040	\$	175.29	\$	3.08
CLINIC	103	257		17,501.20		68.10	.023		169.91		1.55
SURGICENTER	28	100		6,091.19		60.91	.009		217.54		.54
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	69	91		11,290.46		124.07	.008		163.63		1.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,040
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
11,327 ELIGIBLES							
@ALL OTHER PROVIDERS	2,255	513,413	\$ 796,313.41	\$ 1.55	45.326	\$ 353.13	\$ 70.30
DURABLE MED. EQUIP.	214	898	112,296.75	125.05	.079	524.75	9.91
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	21	26	4,745.19	182.51	.002	225.96	.42
MEDICAL TRANSPORTATION	502	44,132	182,247.66	4.13	3.896	363.04	16.09
AMBULANCES/AIR TRANS	124	1,358	22,907.78	16.87	.120	184.74	2.02
OTHER TRANS	281	41,475	150,467.04	3.63	3.662	535.47	13.28
OTHER SERVICES	137	1,299	8,872.84	6.83	.115	64.77	.78
ACUPUNCTURE	72	205	3,460.25	16.88	.018	48.06	.31
ADULT DAY HEALTH CARE CTR	106	1,310	87,537.82	66.82	.116	825.83	7.73
GENETIC DISEASE TESTING	6	6	366.00	61.00	.001	61.00	.03
IHMC,MODEL-NF,NF,AIDS,MSSP	129	2,986	111,064.26	37.19	.264	860.96	9.81
OCCUPATIONAL THERAPIST	2	64	293.41	4.58	.006	146.71	.03
OPTICIAN	205	545	13,926.92	25.55	.048	67.94	1.23
PHYSICAL THERAPIST	6	28	548.29	19.58	.002	91.38	.05
PORTABLE X-RAY	3	5	130.90	26.18	.000	43.63	.01
PROSTHETIST/ORTHOTISTS	56	210	18,750.03	89.29	.019	334.82	1.66
PROSTHETICS	53	204	18,355.96	89.98	.018	346.34	1.62
ORTHOTICS	4	6	394.07	65.68	.001	98.52	.03
PSYCHOLOGIST	1	3	69.44	23.15	.000	69.44	.01
SPEECH AND AUDIOLOGY	85	284	19,447.73	68.48	.025	228.80	1.72
HOSPICE SERVICES	11	281	36,487.17	129.85	.025	3317.02	3.22
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	357	33,443	92,866.15	2.78	2.953	260.13	8.20
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	940	428,987	112,075.44	.26	37.873	119.23	9.89
@CALIF. CHILDREN SERVICES*	354	9,970	\$ 395,600.12	\$ 39.68	.880	\$ 1117.51	\$ 34.93
@XOVER EXCLUDING STATE HOSP**	1,772	36,361	\$ 338,854.81	\$ 9.32	3.210	\$ 191.23	\$ 29.92

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 10,041
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED	AID CODE 60

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
399,895 ELIGIBLES							
@TOTAL, ALL PROVIDERS	306,722	13,083,546	\$ 193,764,927.58	\$ 14.81	32.717	\$ 631.73	\$ 484.54
@PHYSICIANS SERVICES	119,149	412,756	\$ 14,021,323.68	\$ 33.97	1.032	\$ 117.68	\$ 35.06
OUTPATIENT VISITS	76,251	112,419	3,855,230.00	34.29	.281	50.56	9.64
OFFICE VISITS	60,556	84,003	2,585,135.54	30.77	.210	42.69	6.46
HOME VISITS	75	111	4,115.68	37.08	.000	54.88	.01
EMERGENCY ROOM	12,903	16,305	939,432.71	57.62	.041	72.81	2.35

PREVENTIVE CARE	9	9	372.21	41.36	.000	41.36	.00
OB VISITS/COMPRE PERI	387	1,191	48,575.05	40.79	.003	125.52	.12
OTHER OUTPATIENT	8,603	10,800	277,598.81	25.70	.027	32.27	.69
INPATIENT VISITS	5,917	32,527	1,575,860.00	48.45	.081	266.33	3.94
HOSPITAL VISITS	4,686	28,066	1,168,417.78	41.63	.070	249.34	2.92
CRITICAL CARE	476	2,404	343,031.97	142.69	.006	720.66	.86
SNF/ICF/TRANS IP CARE	1,251	2,057	64,410.25	31.31	.005	51.49	.16
OPHTHALMOLOGICAL SERVICES	2,046	2,420	96,202.74	39.75	.006	47.02	.24
EXAMINATIONS	1,744	2,115	90,131.83	42.62	.005	51.68	.23
SERVICES AND MATERIALS	305	305	6,070.91	19.90	.001	19.90	.02
INPATIENT HOSPITAL SURGERY	2,467	13,541	1,274,287.80	94.11	.034	516.53	3.19
PRINCIPAL SURGEON	1,815	2,824	964,836.05	341.66	.007	531.59	2.41
ASSISTANT SURGEON	200	218	47,491.85	217.85	.001	237.46	.12
ANESTHESIOLOGIST	982	10,499	261,959.90	24.95	.026	266.76	.66
OUTPATIENT SURGERY	6,289	14,730	1,280,843.28	86.95	.037	203.66	3.20
PRINCIPAL SURGEON	5,350	7,104	1,062,199.24	149.52	.018	198.54	2.66
ASSISTANT SURGEON	56	56	7,866.91	140.48	.000	140.48	.02
ANESTHESIOLOGIST	1,336	7,570	210,777.13	27.84	.019	157.77	.53
DIALYSIS	957	5,426	238,295.64	43.92	.014	249.00	.60
PATHOLOGY	11,293	23,652	292,479.88	12.37	.059	25.90	.73
RADIOLOGY	21,579	44,461	1,965,510.81	44.21	.111	91.08	4.92
PSYCHIATRY	32	55	2,295.38	41.73	.000	71.73	.01
IMMUNIZATION AND INJECTION	4,533	23,947	726,826.53	30.35	.060	160.34	1.82
OTHER SERVICES/ALL X-OVERS	44,125	139,578	2,713,491.62	19.44	.349	61.50	6.79
@PHARMACY	243,674	3,165,794	\$ 88,621,230.90	\$ 27.99	7.917	\$ 363.69	\$ 221.61
PRESCRIPTION DRUGS	241,096	1,078,727	81,290,363.47	75.36	2.698	337.17	203.28
SNF/ICF	4,879	33,371	2,401,731.46	71.97	.083	492.26	6.01
OUTPATIENTS	237,234	1,045,356	78,888,632.01	75.47	2.614	332.54	197.27
MEDICAL SUPPLIES	20,090	2,087,067	7,330,867.43	3.51	5.219	364.90	18.33
@DENTIST	27,649	128,958	\$ 5,514,481.22	\$ 42.76	.322	\$ 199.45	\$ 13.79
VISITS - DIAGNOSTIC	18,110	82,793	1,032,713.66	12.47	.207	57.02	2.58
ORAL SURGERY	4,259	10,551	506,591.03	48.01	.026	118.95	1.27
DRUGS	54	57	965.00	16.93	.000	17.87	.00
ANESTHESIA	75	77	7,175.00	93.18	.000	95.67	.02
PERIODONTICS	2,336	2,605	451,664.93	173.38	.007	193.35	1.13
ENDODONTICS	1,785	2,711	622,768.70	229.72	.007	348.89	1.56
RESTORATIVE DENTISTRY	8,101	20,192	1,886,063.20	93.41	.050	232.82	4.72
PROSTHETICS	289	319	12,380.00	38.81	.001	42.84	.03
DENTURES, STAYPLATES	3,015	9,172	975,850.51	106.39	.023	323.67	2.44
SPACE MAINTAINERS	11	14	1,296.00	92.57	.000	117.82	.00
MAXILLOFACIAL SERVICES	23	26	2,306.34	88.71	.000	100.28	.01
FRACTURES, DISLOCATIONS	2	3	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	150	185	13,921.85	75.25	.000	92.81	.03
ALL OTHER SERVICES	200	253	785.00	3.10	.001	3.93	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 10,042
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED						
				AID CODE 60			
				----- MONTHLY AVERAGE -----			
399,895 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	9,447	31,901	\$ 682,363.95	\$ 21.39	.080	\$ 72.23	\$ 1.71
DIAGNOSTIC AND ANC. PROCED	5,476	5,583	252,989.35	45.31	.014	46.20	.63
EYE APPLIANCES	7,969	25,738	417,517.00	16.22	.064	52.39	1.04
OTHER OPTOMETRIC SERVICES	408	580	11,857.60	20.44	.001	29.06	.03
@CHIROPRACTOR	706	1,449	\$ 23,486.80	\$ 16.21	.004	\$ 33.27	\$.06
VISITS	671	1,384	22,781.00	16.46	.003	33.95	.06

OTHER SERVICES	36	65		705.80		10.86	.000	19.61	.00
@PODIATRIST	6,061	10,575	\$	203,961.71	\$	19.29	.026	\$ 33.65	\$.51
MEDICINE/INJECTIONS	2,495	2,982		77,205.32		25.89	.007	30.94	.19
SURGERY/ANES.	216	323		13,516.39		41.85	.001	62.58	.03
RADIO./PATHOLOGY	166	223		3,865.32		17.33	.001	23.29	.01
OTHER	3,690	7,047		109,374.68		15.52	.018	29.64	.27
@HOME HEALTH AGENCY	2,329	143,855	\$	4,983,097.93	\$	34.64	.360	\$ 2139.59	\$ 12.46
NURSE ANESTHESIST	205	2,052	\$	7,961.62	\$	3.88	.005	\$ 38.84	\$.02
NURSE MIDWIFE	12	60	\$	1,305.85	\$	21.76	.000	\$ 108.82	\$.00
PEDIATRIC NURSE PRACTITIONER	1	1	\$	37.50	\$	37.50	.000	\$ 37.50	\$.00
FAMILY NURSE PRACTITIONER	653	1,411	\$	33,471.27	\$	23.72	.004	\$ 51.26	\$.08
@TOTAL HOSPITAL	44,515	310,871	\$	40,181,945.96	\$	129.26	.777	\$ 902.66	\$ 100.48
HOSP INPATIENT TOTAL	5,549	36,270		33,634,426.57		927.33	.091	6061.35	84.11
HSC HOSPITALS	4,416	25,688		29,897,244.93		1163.86	.064	6770.21	74.76
NON-HSC HOSPITAL TOTAL	466	3,731		2,933,762.68		786.32	.009	6295.63	7.34
ACCOMMODATIONS	465	3,731		1,410,083.20		377.94	.009	3032.44	3.53
ADMINISTRATIVE DAYS	251	2,809		594,590.04		211.67	.007	2368.88	1.49
TRANSITIONAL IP CARE	0	0		125.85		.00	.000	.00	.00
ALL OTHER ACCOM	220	922		815,367.31		884.35	.002	3706.22	2.04
ANCILLARIES	466	0		1,523,679.48		.00	.000	3269.70	3.81
INPATIENT CROSSOVERS	872	6,851		803,418.96		117.27	.017	921.35	2.01
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	41,004	274,601		6,547,519.39		23.84	.687	159.68	16.37
MEDICAL	7,214	11,077		460,406.07		41.56	.028	63.82	1.15
SURGERY	2,804	3,196		177,631.92		55.58	.008	63.35	.44
PATHOLOGY	14,213	100,688		867,561.93		8.62	.252	61.04	2.17
RADIOLOGY	9,919	16,017		1,302,016.02		81.29	.040	131.26	3.26
ROOM USE	24,384	36,685		1,496,191.51		40.78	.092	61.36	3.74
CROSSOVERS/ALL OTH OUTPTNT	20,563	106,938		2,243,711.94		20.98	.267	109.11	5.61
@COUNTY HOSPITAL TOTAL	384	1,935	\$	296,610.84	\$	153.29	.005	\$ 772.42	\$.74
CO HOSPITAL INPATIENT TOTAL	50	278		250,988.90		902.84	.001	5019.78	.63
HSC HOSPITALS	41	207		232,092.02		1121.22	.001	5660.78	.58

NON-HSC HOSPITALS TOTAL	3	5	6,535.78	1307.16	.000	2178.59	.02
ACCOMMODATIONS	3	5	1,452.78	290.56	.000	484.26	.00
ADMINISTRATIVE DAYS	1	1	108.18	108.18	.000	108.18	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	4	1,344.60	336.15	.000	672.30	.00
ANCILLARIES	3	0	5,083.00	.00	.000	1694.33	.01
INPATIENT CROSSOVERS	7	66	12,361.10	187.29	.000	1765.87	.03
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	345	1,657	45,621.94	27.53	.004	132.24	.11
MEDICAL	131	191	7,588.79	39.73	.000	57.93	.02
SURGERY	29	36	1,427.43	39.65	.000	49.22	.00
PATHOLOGY	138	599	7,606.35	12.70	.001	55.12	.02
RADIOLOGY	77	102	7,483.93	73.37	.000	97.19	.02
ROOM USE	222	315	12,816.23	40.69	.001	57.73	.03
CROSSOVERS/ALL OTH OUTPTNT	142	414	8,699.21	21.01	.001	61.26	.02
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SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED						
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399,895 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	44,229		308,936	\$ 39,885,335.12	\$ 129.11	.773	\$ 901.79	\$ 99.74
COMM HOSP INPATIENT TOTAL	5,509		35,992	33,383,437.67	927.52	.090	6059.80	83.48
HSC HOSPITALS	4,384		25,481	29,665,152.91	1164.21	.064	6766.69	74.18
NON-HSC HOSPITALS TOTAL	463		3,726	2,927,226.90	785.62	.009	6322.30	7.32
ACCOMMODATIONS	462		3,726	1,408,630.42	378.05	.009	3048.98	3.52
ADMINISTRATIVE DAYS	250		2,808	594,481.86	211.71	.007	2377.93	1.49
TRANSITIONAL IP CARE	0		0	125.85	.00	.000	.00	.00
ALL OTHER ACCOM	218		918	814,022.71	886.73	.002	3734.05	2.04
ANCILLARIES	463		0	1,518,596.48	.00	.000	3279.91	3.80
INPATIENT CROSSOVERS	866		6,785	791,057.86	116.59	.017	913.46	1.98
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	40,737		272,944	6,501,897.45	23.82	.683	159.61	16.26
MEDICAL	7,093		10,886	452,817.28	41.60	.027	63.84	1.13
SURGERY	2,775		3,160	176,204.49	55.76	.008	63.50	.44
PATHOLOGY	14,098		100,089	859,955.58	8.59	.250	61.00	2.15
RADIOLOGY	9,855		15,915	1,294,532.09	81.34	.040	131.36	3.24
ROOM USE	24,214		36,370	1,483,375.28	40.79	.091	61.26	3.71
CROSSOVERS/ALL OTH OUTPTNT	20,451		106,524	2,235,012.73	20.98	.266	109.29	5.59
@STATE HOSPITAL	22		1,371	\$ 544,850.86	\$ 397.41	.003	\$ 24765.95	\$ 1.36
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	22		1,371	544,850.86	397.41	.003	24765.95	1.36
@NURSING FACILITY	2,777		75,471	\$ 11,138,571.68	\$ 147.59	.189	\$ 4011.01	\$ 27.85
LEV A-INTERMEDIATE	66		2,329	174,255.43	74.82	.006	2640.23	.44
LEV B-REHAB MD	62		1,995	238,803.87	119.70	.005	3851.68	.60
LEV B-SUBACUTE FREESTANDING	10		376	231,336.83	615.26	.001	23133.68	.58
LEV B-SUBACUTE HSPTL BASED	48		1,805	966,208.28	535.30	.005	20129.34	2.42
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	2,596		68,966	9,527,967.27	138.15	.172	3670.25	23.83
@INTERMEDIATE CARE FACIL.-DD	813		24,798	\$ 3,485,328.79	\$ 140.55	.062	\$ 4287.00	\$ 8.72
ICF DDH	427		13,140	1,957,144.44	148.95	.033	4583.48	4.89
ICF DD	368		11,023	1,418,720.95	128.71	.028	3855.22	3.55
ICF DDN/DDCN	18		635	109,463.40	172.38	.002	6081.30	.27
@HEMODIALYSIS TOTAL	3,143		93,152	\$ 4,651,125.93	\$ 49.93	.233	\$ 1479.84	\$ 11.63
HOSPITAL BASED	98		2,401	410,807.51	171.10	.006	4191.91	1.03
HEMODIALYSIS CENTER	3,045		90,751	4,240,318.42	46.72	.227	1392.55	10.60

@REHABILITATION FACILITY	1,605	12,383	\$	259,107.46	\$	20.92	.031	\$	161.44	\$.65
HOSPITAL BASED	636	2,440		77,058.55		31.58	.006		121.16		.19
INDEPENDENT FACILITY	975	9,943		182,048.91		18.31	.025		186.72		.46
@LABORATORY FACILITY	25,359	125,187	\$	1,416,794.17	\$	11.32	.313	\$	55.87	\$	3.54
PATHOLOGY	25,254	124,867		1,412,433.00		11.31	.312		55.93		3.53
XO AND OTHERS	106	320		4,361.17		13.63	.001		41.14		.01
@ORGANIZED OUTPATIENT CLINIC	8,214	20,756	\$	1,010,312.99	\$	48.68	.052	\$	123.00	\$	2.53
CLINIC	4,753	11,851		262,732.84		22.17	.030		55.28		.66
SURGICENTER	689	3,383		137,572.85		40.67	.008		199.67		.34
HEROIN DETOX CLINIC	74	1,047		11,610.58		11.09	.003		156.90		.03
RURAL HEALTH CLINIC	2,746	4,475		598,396.72		133.72	.011		217.92		1.50
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 10,044
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						----- MONTHLY AVERAGE -----			
399,895 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@ALL OTHER PROVIDERS	60,132	8,520,744	\$ 16,984,140.51	\$ 1.99	21.307	\$ 282.45	\$ 42.47		
DURABLE MED. EQUIP.	6,060	26,454	3,774,171.87	142.67	.066	622.80	9.44		
BLOOD BANK	13	230	3,777.50	16.42	.001	290.58	.01		
HEARING AID DISPENSERS	199	253	41,893.73	165.59	.001	210.52	.10		
MEDICAL TRANSPORTATION	11,328	558,330	2,807,784.58	5.03	1.396	247.86	7.02		
AMBULANCES/AIR TRANS	5,101	46,234	896,377.69	19.39	.116	175.73	2.24		
OTHER TRANS	3,714	482,168	1,654,893.28	3.43	1.206	445.58	4.14		
OTHER SERVICES	3,049	29,928	256,513.61	8.57	.075	84.13	.64		
ACUPUNCTURE	2,129	5,007	87,665.90	17.51	.013	41.18	.22		
ADULT DAY HEALTH CARE CTR	1,873	25,671	1,714,232.01	66.78	.064	915.23	4.29		
GENETIC DISEASE TESTING	163	165	13,394.00	81.18	.000	82.17	.03		
IHMC, MODEL-NF, NF, AIDS, MSSP	1,751	57,366	2,203,386.92	38.41	.143	1258.36	5.51		
OCCUPATIONAL THERAPIST	116	2,405	10,483.82	4.36	.006	90.38	.03		
OPTICIAN	11,074	26,753	326,154.02	12.19	.067	29.45	.82		
PHYSICAL THERAPIST	196	1,101	18,229.31	16.56	.003	93.01	.05		
PORTABLE X-RAY	85	216	4,380.58	20.28	.001	51.54	.01		
PROSTHETIST/ORTHOTISTS	1,744	4,596	358,753.18	78.06	.011	205.71	.90		
PROSTHETICS	1,399	4,096	326,222.52	79.64	.010	233.18	.82		
ORTHOTICS	381	500	32,530.66	65.06	.001	85.38	.08		
PSYCHOLOGIST	88	206	6,548.37	31.79	.001	74.41	.02		
SPEECH AND AUDIOLOGY	4,334	16,902	727,702.27	43.05	.042	167.91	1.82		
HOSPICE SERVICES	194	4,337	571,939.95	131.87	.011	2948.14	1.43		
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00		
LOCAL EDUCATION AGENCIES	10,201	227,015	1,826,307.50	8.04	.568	179.03	4.57		
EPSDT SUPPLEMENTAL SERVICE	4	1,360	30,192.00	22.20	.003	7548.00	.08		
RESPIRATORY CARE PRACT.	1	1	26.80	26.80	.000	26.80	.00		
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00		
ALL OTHER PROVIDERS	15,984	7,562,377	2,457,143.00	.32	18.911	153.73	6.14		
@CALIF. CHILDREN SERVICES*	7,422	282,708	\$ 15,093,257.86	\$ 53.39	.707	\$ 2033.58	\$ 37.74		
@XOVER EXCLUDING STATE HOSP**	42,090	416,347	\$ 5,816,899.29	\$ 13.97	1.041	\$ 138.20	\$ 14.55		

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 10,045
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G										

150,196 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	116,492	658,302	\$	27,941,421.20	\$	42.44	4.383	\$	239.86	\$	186.03
@PHYSICIANS SERVICES	26,508	72,494	\$	4,047,054.24	\$	55.83	.483	\$	152.67	\$	26.95
OUTPATIENT VISITS	20,363	27,987		1,077,389.39		38.50	.186		52.91		7.17
OFFICE VISITS	13,711	17,165		623,504.85		36.32	.114		45.47		4.15
HOME VISITS	251	301		11,252.98		37.39	.002		44.83		.07
EMERGENCY ROOM	4,311	4,675		228,333.07		48.84	.031		52.97		1.52
PREVENTIVE CARE	184	188		7,301.71		38.84	.001		39.68		.05
OB VISITS/COMPRE PERI	964	3,217		130,681.36		40.62	.021		135.56		.87
OTHER OUTPATIENT	2,106	2,441		76,315.42		31.26	.016		36.24		.51
INPATIENT VISITS	1,796	10,053		1,035,975.70		103.05	.067		576.82		6.90
HOSPITAL VISITS	1,495	5,367		291,142.22		54.25	.036		194.74		1.94
CRITICAL CARE	516	4,650		743,317.35		159.85	.031		1440.54		4.95
SNF/ICF/TRANS IP CARE	6	36		1,516.13		42.11	.000		252.69		.01
OPHTHALMOLOGICAL SERVICES	366	439		19,711.05		44.90	.003		53.86		.13
EXAMINATIONS	335	408		19,089.61		46.79	.003		56.98		.13
SERVICES AND MATERIALS	31	31		621.44		20.05	.000		20.05		.00
INPATIENT HOSPITAL SURGERY	1,244	6,947		766,859.75		110.39	.046		616.45		5.11
PRINCIPAL SURGEON	818	1,122		592,903.43		528.43	.007		724.82		3.95
ASSISTANT SURGEON	91	92		19,303.74		209.82	.001		212.13		.13
ANESTHESIOLOGIST	589	5,733		154,652.58		26.98	.038		262.57		1.03
OUTPATIENT SURGERY	1,571	4,328		341,780.08		78.97	.029		217.56		2.28
PRINCIPAL SURGEON	1,277	1,600		260,668.98		162.92	.011		204.13		1.74
ASSISTANT SURGEON	8	8		1,630.83		203.85	.000		203.85		.01
ANESTHESIOLOGIST	474	2,720		79,480.27		29.22	.018		167.68		.53
DIALYSIS	4	17		824.28		48.49	.000		206.07		.01
PATHOLOGY	2,389	4,623		68,795.71		14.88	.031		28.80		.46
RADIOLOGY	4,272	8,095		301,471.11		37.24	.054		70.57		2.01
PSYCHIATRY	39	83		2,861.89		34.48	.001		73.38		.02
IMMUNIZATION AND INJECTION	504	907		58,690.69		64.71	.006		116.45		.39
OTHER SERVICES/ALL X-OVERS	3,467	9,015		372,694.59		41.34	.060		107.50		2.48
@PHARMACY	27,221	72,398	\$	4,000,175.99	\$	55.25	.482	\$	146.95	\$	26.63
PRESCRIPTION DRUGS	26,925	57,917		3,822,205.98		65.99	.386		141.96		25.45
SNF/ICF	35	143		15,093.18		105.55	.001		431.23		.10
OUTPATIENTS	26,893	57,774		3,807,112.80		65.90	.385		141.57		25.35
MEDICAL SUPPLIES	1,082	14,481		177,970.01		12.29	.096		164.48		1.18
@DENTIST	9,613	53,412	\$	1,359,123.11	\$	25.45	.356	\$	141.38	\$	9.05
VISITS - DIAGNOSTIC	7,237	37,042		472,729.89		12.76	.247		65.32		3.15
ORAL SURGERY	1,192	2,185		101,268.80		46.35	.015		84.96		.67
DRUGS	106	125		2,220.00		17.76	.001		20.94		.01
ANESTHESIA	32	32		2,800.00		87.50	.000		87.50		.02
PERIODONTICS	197	216		22,520.00		104.26	.001		114.31		.15
ENDODONTICS	711	1,446		170,866.00		118.16	.010		240.32		1.14
RESTORATIVE DENTISTRY	3,463	11,051		527,326.50		47.72	.074		152.27		3.51
PROSTHETICS	35	38		1,090.00		28.68	.000		31.14		.01
DENTURES, STAYPLATES	59	244		8,123.00		33.29	.002		137.68		.05
SPACE MAINTAINERS	63	79		7,207.93		91.24	.001		114.41		.05
MAXILLOFACIAL SERVICES	41	43		1,906.15		44.33	.000		46.49		.01
FRACTURES, DISLOCATIONS	1	1		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	417	657		39,854.84		60.66	.004		95.58		.27
ALL OTHER SERVICES	175	253		1,210.00		4.78	.002		6.91		.01

#CALIF DEPT OF HEALTH SERV MOP024 SACRAMENTO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

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150,196 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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----- MONTHLY AVERAGE -----

@OPTOMETRIST	1,742	5,142	\$	119,073.16	\$	23.16	.034	\$	68.35	\$.79
DIAGNOSTIC AND ANC. PROCED	1,384	1,452		65,011.59		44.77	.010		46.97		.43
EYE APPLIANCES	1,260	3,664		52,697.34		14.38	.024		41.82		.35
OTHER OPTOMETRIC SERVICES	26	26		1,364.23		52.47	.000		52.47		.01
@CHIROPRACTOR	18	39	\$	652.08	\$	16.72	.000	\$	36.23	\$	.00
VISITS	18	39		652.08		16.72	.000		36.23		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	82	141	\$	6,049.30	\$	42.90	.001	\$	73.77	\$	.04
MEDICINE/INJECTIONS	69	87		3,203.27		36.82	.001		46.42		.02
SURGERY/ANES.	12	17		1,094.39		64.38	.000		91.20		.01
RADIO./PATHOLOGY	8	14		242.20		17.30	.000		30.28		.00
OTHER	14	23		1,509.44		65.63	.000		107.82		.01
@HOME HEALTH AGENCY	395	9,806	\$	343,869.88	\$	35.07	.065	\$	870.56	\$	2.29
NURSE ANESTHESIST	1	4	\$	82.87	\$	20.72	.000	\$	82.87	\$	.00
NURSE MIDWIFE	33	292	\$	8,907.87	\$	30.51	.002	\$	269.94	\$	.06
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	102	184	\$	5,112.66	\$	27.79	.001	\$	50.12	\$	.03
@TOTAL HOSPITAL	12,045	52,499	\$	13,590,583.86	\$	258.87	.350	\$	1128.32	\$	90.49
HOSP INPATIENT TOTAL	1,599	9,923		12,337,551.44		1243.33	.066		7715.79		82.14
HSC HOSPITALS	1,511	9,362		11,732,318.36		1253.19	.062		7764.61		78.11
NON-HSC HOSPITAL TOTAL	89	554		603,773.91		1089.84	.004		6783.98		4.02
ACCOMMODATIONS	86	554		339,286.99		612.43	.004		3945.20		2.26
ADMINISTRATIVE DAYS	4	70		16,203.54		231.48	.000		4050.89		.11
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	82	484		323,083.45		667.53	.003		3940.04		2.15
ANCILLARIES	88	0		264,486.92		.00	.000		3005.53		1.76
INPATIENT CROSSOVERS	2	7		1,459.17		208.45	.000		729.59		.01
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	10,845	42,576		1,253,032.42		29.43	.283		115.54		8.34
MEDICAL	1,407	1,835		101,566.23		55.35	.012		72.19		.68
SURGERY	856	1,016		49,787.78		49.00	.007		58.16		.33
PATHOLOGY	3,141	16,294		157,029.31		9.64	.108		49.99		1.05
RADIOLOGY	2,181	2,984		216,033.49		72.40	.020		99.05		1.44
ROOM USE	8,057	10,323		409,273.61		39.65	.069		50.80		2.72
CROSSOVERS/ALL OTH OUTPTNT	3,926	10,124		319,342.00		31.54	.067		81.34		2.13
@COUNTY HOSPITAL TOTAL	177	657	\$	131,253.10	\$	199.78	.004	\$	741.54	\$	.87
CO HOSPITAL INPATIENT TOTAL	21	101		109,665.08		1085.79	.001		5222.15		.73
HSC HOSPITALS	21	101		109,665.08		1085.79	.001		5222.15		.73
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	159	556		21,588.02		38.83	.004		135.77		.14
MEDICAL	45	54		2,667.53		49.40	.000		59.28		.02
SURGERY	23	29		1,741.40		60.05	.000		75.71		.01
PATHOLOGY	50	187		2,561.71		13.70	.001		51.23		.02
RADIOLOGY	45	62		5,596.32		90.26	.000		124.36		.04
ROOM USE	94	118		5,689.31		48.21	.001		60.52		.04
CROSSOVERS/ALL OTH OUTPTNT	66	106		3,331.75		31.43	.001		50.48		.02

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 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 SACRAMENTO COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

150,196 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11,893	51,842	\$ 13,459,330.76	\$ 259.62	.345	\$ 1131.70	\$ 89.61
COMM HOSP INPATIENT TOTAL	1,578	9,822	12,227,886.36	1244.95	.065	7748.98	81.41
HSC HOSPITALS	1,490	9,261	11,622,653.28	1255.01	.062	7800.44	77.38
NON-HSC HOSPITALS TOTAL	89	554	603,773.91	1089.84	.004	6783.98	4.02
ACCOMMODATIONS	86	554	339,286.99	612.43	.004	3945.20	2.26
ADMINISTRATIVE DAYS	4	70	16,203.54	231.48	.000	4050.89	.11
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	82	484	323,083.45	667.53	.003	3940.04	2.15
ANCILLARIES	88	0	264,486.92	.00	.000	3005.53	1.76
INPATIENT CROSSOVERS	2	7	1,459.17	208.45	.000	729.59	.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	10,709	42,020	1,231,444.40	29.31	.280	114.99	8.20
MEDICAL	1,363	1,781	98,898.70	55.53	.012	72.56	.66
SURGERY	834	987	48,046.38	48.68	.007	57.61	.32
PATHOLOGY	3,094	16,107	154,467.60	9.59	.107	49.92	1.03
RADIOLOGY	2,137	2,922	210,437.17	72.02	.019	98.47	1.40
ROOM USE	7,975	10,205	403,584.30	39.55	.068	50.61	2.69
CROSSOVERS/ALL OTH OUTPTNT	3,862	10,018	316,010.25	31.54	.067	81.83	2.10
@STATE HOSPITAL	11	410	\$ 201,877.52	\$ 492.38	.003	\$ 18352.50	\$ 1.34
MENTALLY ILL	11	410	201,877.52	492.38	.003	18352.50	1.34
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	11	393	\$ 180,824.99	\$ 460.11	.003	\$ 16438.64	\$ 1.20
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	7	249	148,538.27	596.54	.002	21219.75	.99
LEV B-SUBACUTE HSPTL BASED	1	17	8,978.21	528.13	.000	8978.21	.06
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	3	127	23,308.51	183.53	.001	7769.50	.16
@INTERMEDIATE CARE FACIL.-DD	1	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	1	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	10	68	\$ 7,785.95	\$ 114.50	.000	\$ 778.60	\$.05
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	10	68	7,785.95	114.50	.000	778.60	.05
@REHABILITATION FACILITY	285	1,814	\$ 41,579.16	\$ 22.92	.012	\$ 145.89	\$.28
HOSPITAL BASED	163	373	18,481.80	49.55	.002	113.39	.12
INDEPENDENT FACILITY	123	1,441	23,097.36	16.03	.010	187.78	.15
@LABORATORY FACILITY	4,616	15,821	\$ 216,921.95	\$ 13.71	.105	\$ 46.99	\$ 1.44
PATHOLOGY	4,616	15,821	216,921.95	13.71	.105	46.99	1.44
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	6,335	18,325	\$ 814,983.80	\$ 44.47	.122	\$ 128.65	\$ 5.43
CLINIC	3,898	12,939	257,805.87	19.92	.086	66.14	1.72
SURGICENTER	152	1,001	34,008.92	33.97	.007	223.74	.23
HEROIN DETOX CLINIC	28	362	4,022.27	11.11	.002	143.65	.03
RURAL HEALTH CLINIC	2,289	4,023	519,146.74	129.04	.027	226.80	3.46
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						
MOP024	FEE-FOR-SERVICE/DENTAL						
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G						

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	150,196 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	57,064	355,060	\$ 2,996,762.81	\$ 8.44	2.364	\$ 52.52	\$ 19.95	
DURABLE MED. EQUIP.	445	1,816	131,046.84	72.16	.012	294.49	.87	
BLOOD BANK	0	0	76.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	5	12	600.77	50.06	.000	120.15	.00	
MEDICAL TRANSPORTATION	696	9,242	150,908.40	16.33	.062	216.82	1.00	
AMBULANCES/AIR TRANS	689	9,018	124,014.50	13.75	.060	179.99	.83	
OTHER TRANS	7	201	802.10	3.99	.001	114.59	.01	
OTHER SERVICES	18	23	26,091.80	1134.43	.000	1449.54	.17	
ACUPUNCTURE	3	8	151.38	18.92	.000	50.46	.00	
ADULT DAY HEALTH CARE CTR	4	128	8,527.11	66.62	.001	2131.78	.06	
GENETIC DISEASE TESTING	1,699	1,704	128,053.00	75.15	.011	75.37	.85	
IHMC,MODEL-NF,NF,AIDS,MSSP	67	365	35,840.02	98.19	.002	534.93	.24	
OCCUPATIONAL THERAPIST	1	62	173.35	2.80	.000	173.35	.00	
OPTICIAN	10,791	23,125	212,561.88	9.19	.154	19.70	1.42	
PHYSICAL THERAPIST	3	19	315.27	16.59	.000	105.09	.00	
PORTABLE X-RAY	2	3	65.80	21.93	.000	32.90	.00	
PROSTHETIST/ORTHOTISTS	87	197	24,557.47	124.66	.001	282.27	.16	
PROSTHETICS	60	165	22,256.05	134.89	.001	370.93	.15	
ORTHOTICS	29	32	2,301.42	71.92	.000	79.36	.02	
PSYCHOLOGIST	109	557	31,175.99	55.97	.004	286.02	.21	
SPEECH AND AUDIOLOGY	147	413	18,225.84	44.13	.003	123.99	.12	
HOSPICE SERVICES	0	0	70.60	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	2	2	2,014.46	1007.23	.000	1007.23	.01	
LOCAL EDUCATION AGENCIES	43,312	217,018	2,205,745.59	10.16	1.445	50.93	14.69	
EPSDT SUPPLEMENTAL SERVICE	1	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	182	100,389	46,653.04	.46	.668	256.34	.31	
@CALIF. CHILDREN SERVICES*	5,899	86,391	\$ 11,041,661.40	\$ 127.81	.575	\$ 1871.79	\$ 73.52	
@XOVER EXCLUDING STATE HOSP**	35	266	\$ 6,478.37	\$ 24.35	.002	\$ 185.10	\$.04	

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

670,934 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	509,393	20,412,046	\$ 260,944,212.90	\$ 12.78	30.423	\$ 512.27	\$ 388.93
@PHYSICIANS SERVICES	169,922	557,361	\$ 19,740,389.43	\$ 35.42	.831	\$ 116.17	\$ 29.42
OUTPATIENT VISITS	103,212	149,669	5,243,477.16	35.03	.223	50.80	7.82
OFFICE VISITS	80,198	109,213	3,462,156.51	31.70	.163	43.17	5.16
HOME VISITS	327	413	15,402.96	37.30	.001	47.10	.02
EMERGENCY ROOM	17,764	21,606	1,209,278.69	55.97	.032	68.07	1.80
PREVENTIVE CARE	193	197	7,673.92	38.95	.000	39.76	.01
OB VISITS/COMPRE PERI	1,366	4,437	181,242.66	40.85	.007	132.68	.27
OTHER OUTPATIENT	11,130	13,803	367,722.42	26.64	.021	33.04	.55
INPATIENT VISITS	8,125	44,499	2,698,833.32	60.65	.066	332.16	4.02
HOSPITAL VISITS	6,513	35,172	1,534,720.91	43.63	.052	235.64	2.29
CRITICAL CARE	1,014	7,117	1,094,566.24	153.80	.011	1079.45	1.63
SNF/ICF/TRANS IP CARE	1,344	2,210	69,546.17	31.47	.003	51.75	.10
OPHTHALMOLOGICAL SERVICES	2,813	3,325	134,355.45	40.41	.005	47.76	.20
EXAMINATIONS	2,451	2,959	127,063.10	42.94	.004	51.84	.19
SERVICES AND MATERIALS	365	366	7,292.35	19.92	.001	19.98	.01
INPATIENT HOSPITAL SURGERY	3,860	21,229	2,113,720.40	99.57	.032	547.60	3.15
PRINCIPAL SURGEON	2,732	4,090	1,611,619.34	394.04	.006	589.90	2.40
ASSISTANT SURGEON	310	329	71,312.67	216.76	.000	230.04	.11
ANESTHESIOLOGIST	1,634	16,810	430,788.39	25.63	.025	263.64	.64
OUTPATIENT SURGERY	8,444	20,430	1,812,990.26	88.74	.030	214.71	2.70
PRINCIPAL SURGEON	7,129	9,381	1,492,457.58	159.09	.014	209.35	2.22
ASSISTANT SURGEON	72	72	11,003.70	152.83	.000	152.83	.02
ANESTHESIOLOGIST	1,943	10,977	309,528.98	28.20	.016	159.30	.46
DIALYSIS	1,033	5,910	259,438.34	43.90	.009	251.15	.39
PATHOLOGY	15,004	30,480	379,651.95	12.46	.045	25.30	.57
RADIOLOGY	27,435	55,657	2,408,376.47	43.27	.083	87.78	3.59
PSYCHIATRY	71	138	5,157.27	37.37	.000	72.64	.01
IMMUNIZATION AND INJECTION	5,454	25,908	808,947.37	31.22	.039	148.32	1.21
OTHER SERVICES/ALL X-OVERS	65,598	200,116	3,875,441.44	19.37	.298	59.08	5.78
@PHARMACY	341,883	4,672,567	\$ 108,544,210.28	\$ 23.23	6.964	\$ 317.49	\$ 161.78
PRESCRIPTION DRUGS	338,044	1,410,297	100,307,352.73	71.12	2.102	296.73	149.50
SNF/ICF	6,812	44,457	2,957,262.08	66.52	.066	434.13	4.41
OUTPATIENTS	332,591	1,365,840	97,350,090.65	71.27	2.036	292.70	145.10
MEDICAL SUPPLIES	27,217	3,262,270	8,236,857.55	2.52	4.862	302.64	12.28
@DENTIST	43,747	210,222	\$ 8,263,535.86	\$ 39.31	.313	\$ 188.89	\$ 12.32
VISITS - DIAGNOSTIC	29,350	136,355	1,712,897.67	12.56	.203	58.36	2.55
ORAL SURGERY	6,643	15,635	745,925.65	47.71	.023	112.29	1.11
DRUGS	163	185	3,250.00	17.57	.000	19.94	.00
ANESTHESIA	111	113	10,275.00	90.93	.000	92.57	.02
PERIODONTICS	2,978	3,286	552,968.93	168.28	.005	185.68	.82
ENDODONTICS	2,832	4,676	915,164.20	195.72	.007	323.15	1.36
RESTORATIVE DENTISTRY	12,874	34,377	2,723,583.30	79.23	.051	211.56	4.06
PROSTHETICS	434	476	17,025.00	35.77	.001	39.23	.03
DENTURES, STAYPLATES	4,671	13,579	1,513,821.96	111.48	.020	324.09	2.26
SPACE MAINTAINERS	75	94	8,503.93	90.47	.000	113.39	.01
MAXILLOFACIAL SERVICES	65	72	4,298.53	59.70	.000	66.13	.01
FRACTURES, DISLOCATIONS	3	4	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	567	842	53,776.69	63.87	.001	94.84	.08
ALL OTHER SERVICES	397	528	2,045.00	3.87	.001	5.15	.00

670,934 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	14,058	47,257	\$ 1,000,624.95	\$ 21.17	.070	\$	71.18	\$ 1.49
DIAGNOSTIC AND ANC. PROCED	7,975	8,169	369,891.28	45.28	.012		46.38	.55
EYE APPLIANCES	11,672	38,119	609,609.20	15.99	.057		52.23	.91
OTHER OPTOMETRIC SERVICES	662	969	21,124.47	21.80	.001		31.91	.03
@CHIROPRACTOR	757	1,554	\$ 25,093.25	\$ 16.15	.002	\$	33.15	\$.04
VISITS	710	1,469	24,189.66	16.47	.002		34.07	.04
OTHER SERVICES	48	85	903.59	10.63	.000		18.82	.00
@PODIATRIST	8,170	14,114	\$ 255,884.45	\$ 18.13	.021	\$	31.32	\$.38
MEDICINE/INJECTIONS	2,774	3,331	87,456.10	26.26	.005		31.53	.13
SURGERY/ANES.	261	383	15,287.76	39.92	.001		58.57	.02
RADIO./PATHOLOGY	179	245	4,245.92	17.33	.000		23.72	.01
OTHER	5,522	10,155	148,894.67	14.66	.015		26.96	.22
@HOME HEALTH AGENCY	2,964	164,158	\$ 5,705,620.95	\$ 34.76	.245	\$	1924.97	\$ 8.50
NURSE ANESTHESIST	312	2,744	\$ 12,581.96	\$ 4.59	.004	\$	40.33	\$.02
NURSE MIDWIFE	45	352	\$ 10,213.72	\$ 29.02	.001	\$	226.97	\$.02
PEDIATRIC NURSE PRACTITIONER	1	1	\$ 37.50	\$ 37.50	.000	\$	37.50	\$.00
FAMILY NURSE PRACTITIONER	776	1,627	\$ 39,413.22	\$ 24.22	.002	\$	50.79	\$.06
@TOTAL HOSPITAL	63,477	406,880	\$ 61,253,954.12	\$ 150.55	.606	\$	964.98	\$ 91.30
HOSP INPATIENT TOTAL	8,525	54,468	52,748,010.16	968.42	.081		6187.45	78.62
HSC HOSPITALS	6,964	40,928	47,821,379.38	1168.43	.061		6866.94	71.28
NON-HSC HOSPITAL TOTAL	621	4,635	3,899,926.06	841.41	.007		6280.07	5.81
ACCOMMODATIONS	616	4,635	1,879,353.29	405.47	.007		3050.90	2.80
ADMINISTRATIVE DAYS	297	3,097	653,436.47	210.99	.005		2200.12	.97
TRANSITIONAL IP CARE	0	0	251.71	.00	.000		.00	.00
ALL OTHER ACCOM	327	1,538	1,225,665.11	796.92	.002		3748.21	1.83
ANCILLARIES	618	0	2,020,572.77	.00	.000		3269.54	3.01
INPATIENT CROSSOVERS	1,176	8,905	1,026,704.73	115.30	.013		873.05	1.53
ALL OTHER INPATIENT	0	0	.01CR	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	57,605	352,412	8,505,943.96	24.14	.525		147.66	12.68
MEDICAL	8,985	13,380	586,295.11	43.82	.020		65.25	.87
SURGERY	3,854	4,424	242,648.53	54.85	.007		62.96	.36
PATHOLOGY	18,039	121,489	1,061,573.60	8.74	.181		58.85	1.58
RADIOLOGY	12,577	19,822	1,584,150.54	79.92	.030		125.96	2.36
ROOM USE	33,606	48,889	1,987,556.10	40.65	.073		59.14	2.96
CROSSOVERS/ALL OTH OUTPTNT	29,192	144,408	3,043,720.08	21.08	.215		104.27	4.54
@COUNTY HOSPITAL TOTAL	594	2,830	\$ 528,256.16	\$ 186.66	.004	\$	889.32	\$.79
CO HOSPITAL INPATIENT TOTAL	78	480	458,340.97	954.88	.001		5876.17	.68
HSC HOSPITALS	69	396	434,053.10	1096.09	.001		6290.62	.65
NON-HSC HOSPITALS TOTAL	4	18	11,926.77	662.60	.000		2981.69	.02
ACCOMMODATIONS	4	18	4,459.68	247.76	.000		1114.92	.01
ADMINISTRATIVE DAYS	2	14	3,115.08	222.51	.000		1557.54	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	2	4	1,344.60	336.15	.000		672.30	.00
ANCILLARIES	4	0	7,467.09	.00	.000		1866.77	.01
INPATIENT CROSSOVERS	7	66	12,361.10	187.29	.000		1765.87	.02
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
CO HOSP OUTPATIENT TOTAL	531	2,350	69,915.19	29.75	.004		131.67	.10
MEDICAL	186	268	11,134.78	41.55	.000		59.86	.02
SURGERY	54	67	3,197.24	47.72	.000		59.21	.00
PATHOLOGY	194	833	10,586.83	12.71	.001		54.57	.02

RADIOLOGY	128	172	13,431.83	78.09	.000	104.94	.02
ROOM USE	326	445	18,968.89	42.63	.001	58.19	.03
CROSSOVERS/ALL OTH OUTPTNT	223	565	12,595.62	22.29	.001	56.48	.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,051
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR CASH GRANT

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
670,934 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	63,015	404,050	\$ 60,725,697.96	\$ 150.29	.602	\$ 963.67	\$ 90.51
COMM HOSP INPATIENT TOTAL	8,458	53,988	52,289,669.19	968.54	.080	6182.27	77.94
HSC HOSPITALS	6,904	40,532	47,387,326.28	1169.13	.060	6863.75	70.63
NON-HSC HOSPITALS TOTAL	617	4,617	3,887,999.29	842.11	.007	6301.46	5.79
ACCOMMODATIONS	612	4,617	1,874,893.61	406.08	.007	3063.55	2.79
ADMINISTRATIVE DAYS	295	3,083	650,321.39	210.94	.005	2204.48	.97
TRANSITIONAL IP CARE	0	0	251.71	.00	.000	.00	.00
ALL OTHER ACCOM	325	1,534	1,224,320.51	798.12	.002	3767.14	1.82
ANCILLARIES	614	0	2,013,105.68	.00	.000	3278.67	3.00
INPATIENT CROSSOVERS	1,170	8,839	1,014,343.63	114.76	.013	866.96	1.51
ALL OTHER INPATIENT	0	0	.01CR	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	57,178	350,062	8,436,028.77	24.10	.522	147.54	12.57
MEDICAL	8,810	13,112	575,160.33	43.87	.020	65.28	.86
SURGERY	3,801	4,357	239,451.29	54.96	.006	63.00	.36
PATHOLOGY	17,872	120,656	1,050,986.77	8.71	.180	58.81	1.57
RADIOLOGY	12,464	19,650	1,570,718.71	79.93	.029	126.02	2.34
ROOM USE	33,344	48,444	1,968,587.21	40.64	.072	59.04	2.93
CROSSOVERS/ALL OTH OUTPTNT	29,001	143,843	3,031,124.46	21.07	.214	104.52	4.52
@STATE HOSPITAL	33	1,781	\$ 746,749.76	\$ 419.29	.003	\$ 22628.78	\$ 1.11
MENTALLY ILL	11	410	201,898.90	492.44	.001	18354.45	.30
DEVELOP. DISABLED	22	1,371	544,850.86	397.41	.002	24765.95	.81
@NURSING FACILITY	4,722	124,557	\$ 17,801,558.46	\$ 142.92	.186	\$ 3769.92	\$ 26.53
LEV A-INTERMEDIATE	89	2,934	218,908.07	74.61	.004	2459.64	.33
LEV B-REHAB MD	76	2,395	287,175.87	119.91	.004	3778.63	.43
LEV B-SUBACUTE FREESTANDING	17	625	379,875.10	607.80	.001	22345.59	.57
LEV B-SUBACUTE HSPTL BASED	69	2,712	1,438,337.21	530.36	.004	20845.47	2.14
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	4,489	115,891	15,477,262.21	133.55	.173	3447.82	23.07
@INTERMEDIATE CARE FACIL.-DD	818	24,985	\$ 3,512,987.11	\$ 140.60	.037	\$ 4294.61	\$ 5.24
ICF DDH	431	13,327	1,984,802.76	148.93	.020	4605.11	2.96
ICF DD	368	11,023	1,418,720.95	128.71	.016	3855.22	2.11
ICF DDN/DDCN	19	635	109,463.40	172.38	.001	5761.23	.16
@HEMODIALYSIS TOTAL	3,731	100,139	\$ 5,259,350.96	\$ 52.52	.149	\$ 1409.64	\$ 7.84
HOSPITAL BASED	101	2,435	416,893.62	171.21	.004	4127.66	.62
HEMODIALYSIS CENTER	3,631	97,704	4,842,457.34	49.56	.146	1333.64	7.22
@REHABILITATION FACILITY	2,009	15,010	\$ 317,690.33	\$ 21.17	.022	\$ 158.13	\$.47
HOSPITAL BASED	823	2,883	97,448.24	33.80	.004	118.41	.15
INDEPENDENT FACILITY	1,193	12,127	220,242.09	18.16	.018	184.61	.33
@LABORATORY FACILITY	32,078	149,515	\$ 1,732,379.65	\$ 11.59	.223	\$ 54.01	\$ 2.58
PATHOLOGY	31,827	148,936	1,725,173.51	11.58	.222	54.20	2.57
XO AND OTHERS	252	579	7,206.14	12.45	.001	28.60	.01
@ORGANIZED OUTPATIENT CLINIC	15,533	41,576	\$ 1,985,883.38	\$ 47.77	.062	\$ 127.85	\$ 2.96
CLINIC	8,919	25,634	552,401.47	21.55	.038	61.94	.82
SURGICENTER	1,222	5,473	255,865.49	46.75	.008	209.38	.38
HEROIN DETOX CLINIC	102	1,409	15,632.85	11.09	.002	153.26	.02
RURAL HEALTH CLINIC	5,375	9,060	1,161,983.57	128.25	.014	216.18	1.73

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,052

						----- MONTHLY AVERAGE -----		
670,934 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	136,873	13,875,645	\$ 24,736,026.76	\$ 1.78	20.681	\$ 180.72	\$ 36.87	
DURABLE MED. EQUIP.	7,392	30,604	4,219,856.85	137.89	.046	570.87	6.29	
BLOOD BANK	14	250	4,349.50	17.40	.000	310.68	.01	
HEARING AID DISPENSERS	361	463	83,059.63	179.39	.001	230.08	.12	
MEDICAL TRANSPORTATION	15,200	703,809	3,571,923.20	5.08	1.049	234.99	5.32	
AMBULANCES/AIR TRANS	6,161	58,574	1,077,270.69	18.39	.087	174.85	1.61	
OTHER TRANS	5,111	600,348	2,100,521.64	3.50	.895	410.98	3.13	
OTHER SERVICES	4,674	44,887	394,130.87	8.78	.067	84.32	.59	
ACUPUNCTURE	4,535	11,139	195,171.03	17.52	.017	43.04	.29	
ADULT DAY HEALTH CARE CTR	3,541	48,013	3,208,836.71	66.83	.072	906.20	4.78	
GENETIC DISEASE TESTING	1,868	1,875	141,813.00	75.63	.003	75.92	.21	
IHMC,MODEL-NF,NF,AIDS,MSSP	2,608	67,293	2,696,674.45	40.07	.100	1034.00	4.02	
OCCUPATIONAL THERAPIST	120	2,535	11,035.34	4.35	.004	91.96	.02	
OPTICIAN	25,022	58,109	645,542.72	11.11	.087	25.80	.96	
PHYSICAL THERAPIST	209	1,160	19,241.90	16.59	.002	92.07	.03	
PORTABLE X-RAY	108	254	4,651.84	18.31	.000	43.07	.01	
PROSTHETIST/ORTHOTISTS	2,395	6,083	444,607.71	73.09	.009	185.64	.66	
PROSTHETICS	1,941	5,434	400,362.95	73.68	.008	206.27	.60	
ORTHOTICS	506	649	44,244.76	68.17	.001	87.44	.07	
PSYCHOLOGIST	201	769	37,868.87	49.24	.001	188.40	.06	
SPEECH AND AUDIOLOGY	5,059	18,762	884,420.69	47.14	.028	174.82	1.32	
HOSPICE SERVICES	326	7,690	1,019,695.32	132.60	.011	3127.90	1.52	
NONINST BIRTHING CENTERS	2	2	2,014.46	1007.23	.000	1007.23	.00	
LOCAL EDUCATION AGENCIES	53,874	477,489	4,125,039.74	8.64	.712	76.57	6.15	
EPSDT SUPPLEMENTAL SERVICE	5	1,360	30,192.00	22.20	.002	6038.40	.04	
RESPIRATORY CARE PRACT.	1	1	26.80	26.80	.000	26.80	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	

ALL OTHER PROVIDERS	24,932	12,437,986		3,390,031.80		.27	18.538	135.97	5.05
@CALIF. CHILDREN SERVICES*	13,677	379,070	\$	26,530,637.51	\$	69.99	.565	\$ 1939.80	\$ 39.54
@XOVER EXCLUDING STATE HOSP**	67,194	752,345	\$	8,439,373.78	\$	11.22	1.121	\$ 125.60	\$ 12.58

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 10,053

MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

SACRAMENTO COUNTY

SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS

AID CODES 47 69

	5,945 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,368	9,030	\$	1,946,259.98	\$ 215.53	1.519	\$ 821.90	\$ 327.38
@PHYSICIANS SERVICES	1,562	4,028	\$	259,000.90	\$ 64.30	.678	\$ 165.81	\$ 43.57
OUTPATIENT VISITS	1,284	1,707		60,846.31	35.65	.287	47.39	10.23
OFFICE VISITS	1,004	1,316		44,849.53	34.08	.221	44.67	7.54
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	194	210		10,827.15	51.56	.035	55.81	1.82
PREVENTIVE CARE	41	43		1,451.19	33.75	.007	35.39	.24
OB VISITS/COMPRE PERI	1	1		94.73	94.73	.000	94.73	.02
OTHER OUTPATIENT	98	137		3,623.71	26.45	.023	36.98	.61
INPATIENT VISITS	164	1,065		127,076.37	119.32	.179	774.86	21.38
HOSPITAL VISITS	143	423		22,339.84	52.81	.071	156.22	3.76
CRITICAL CARE	52	642		104,736.53	163.14	.108	2014.16	17.62
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	18	36		1,536.99	42.69	.006	85.39	.26
EXAMINATIONS	18	36		1,536.99	42.69	.006	85.39	.26
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	41	259		28,643.57	110.59	.044	698.62	4.82
PRINCIPAL SURGEON	31	43		22,688.05	527.63	.007	731.87	3.82
ASSISTANT SURGEON	1	1		319.86	319.86	.000	319.86	.05
ANESTHESIOLOGIST	16	215		5,635.66	26.21	.036	352.23	.95
OUTPATIENT SURGERY	33	59		4,902.24	83.09	.010	148.55	.82
PRINCIPAL SURGEON	27	30		4,037.69	134.59	.005	149.54	.68
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	29		864.55	29.81	.005	144.09	.15
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	41	115		1,852.18	16.11	.019	45.18	.31
RADIOLOGY	149	314		6,175.57	19.67	.053	41.45	1.04
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	17	19		10,626.17	559.27	.003	625.07	1.79
OTHER SERVICES/ALL X-OVERS	213	454		17,341.50	38.20	.076	81.42	2.92
@PHARMACY	847	1,440	\$	57,542.49	\$ 39.96	.242	\$ 67.94	\$ 9.68
PRESCRIPTION DRUGS	825	1,338		52,404.10	39.17	.225	63.52	8.81
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	825	1,338		52,404.10	39.17	.225	63.52	8.81
MEDICAL SUPPLIES	42	102		5,138.39	50.38	.017	122.34	.86
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 10,054
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS						AID CODES 47 69
					----- MONTHLY AVERAGE -----		
5,945 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	1	\$ 47.45	\$ 47.45	.000	\$ 47.45	\$.01
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.000	47.45	.01
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ 6.64	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	6.64	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	32	79	\$ 5,153.44	\$ 65.23	.013	\$ 161.05	\$.87
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	461	2,390	\$ 1,602,699.32	\$ 670.59	.402	\$ 3476.57	\$ 269.59
HOSP INPATIENT TOTAL	91	1,229	1,570,930.10	1278.22	.207	17262.97	264.24
HSC HOSPITALS	88	1,198	1,545,724.00	1290.25	.202	17565.05	260.00
NON-HSC HOSPITAL TOTAL	3	31	25,206.10	813.10	.005	8402.03	4.24
ACCOMMODATIONS	3	31	23,307.80	751.86	.005	7769.27	3.92
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	31	23,307.80	751.86	.005	7769.27	3.92
ANCILLARIES	3	0	1,898.30	.00	.000	632.77	.32
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	382	1,161	31,769.22	27.36	.195	83.17	5.34
MEDICAL	49	69	3,122.25	45.25	.012	63.72	.53
SURGERY	20	23	717.46	31.19	.004	35.87	.12
PATHOLOGY	84	324	2,982.64	9.21	.054	35.51	.50
RADIOLOGY	65	77	3,719.97	48.31	.013	57.23	.63
ROOM USE	320	396	14,599.25	36.87	.067	45.62	2.46
CROSSOVERS/ALL OTH OUTPTNT	107	272	6,627.65	24.37	.046	61.94	1.11
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 10,055
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS						AID CODES 47 69
					----- MONTHLY AVERAGE -----		
5,945 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	461	2,390	\$ 1,602,699.32	\$ 670.59	.402	\$ 3476.57	\$ 269.59
COMM HOSP INPATIENT TOTAL	91	1,229	1,570,930.10	1278.22	.207	17262.97	264.24
HSC HOSPITALS	88	1,198	1,545,724.00	1290.25	.202	17565.05	260.00
NON-HSC HOSPITALS TOTAL	3	31	25,206.10	813.10	.005	8402.03	4.24
ACCOMMODATIONS	3	31	23,307.80	751.86	.005	7769.27	3.92
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	31	23,307.80	751.86	.005	7769.27	3.92
ANCILLARIES	3	0	1,898.30	.00	.000	632.77	.32
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	382	1,161	31,769.22	27.36	.195	83.17	5.34
MEDICAL	49	69	3,122.25	45.25	.012	63.72	.53
SURGERY	20	23	717.46	31.19	.004	35.87	.12
PATHOLOGY	84	324	2,982.64	9.21	.054	35.51	.50
RADIOLOGY	65	77	3,719.97	48.31	.013	57.23	.63
ROOM USE	320	396	14,599.25	36.87	.067	45.62	2.46
CROSSOVERS/ALL OTH OUTPTNT	107	272	6,627.65	24.37	.046	61.94	1.11
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	1	\$ 57.54	\$ 57.54	.000	\$ 57.54	\$.01
HOSPITAL BASED	1	1	57.54	57.54	.000	57.54	.01
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	105	196	\$ 1,565.99	\$ 7.99	.033	\$ 14.91	\$.26
PATHOLOGY	105	196	1,565.99	7.99	.033	14.91	.26
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	65	143	\$	5,133.30	\$	35.90	.024	\$	78.97	\$	.86
CLINIC	43	112		1,969.75		17.59	.019		45.81		.33
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	22	31		3,163.55		102.05	.005		143.80		.53

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,056
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

	5,945 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	94		752	\$ 15,052.91	\$ 20.02	.126	\$ 160.14	\$ 2.53
DURABLE MED. EQUIP.	31		87	5,736.85	65.94	.015	185.06	.96
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	25		542	7,122.59	13.14	.091	284.90	1.20
AMBULANCES/AIR TRANS	25		541	5,322.59	9.84	.091	212.90	.90
OTHER TRANS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	1		1	1,800.00	1800.00	.000	1800.00	.30
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	23		23	1,086.00	47.22	.004	47.22	.18
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	1		2	16.64	8.32	.000	16.64	.00
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0		0	.00	.00	.000	.00	.00
PROSTHETICS	0		0	.00	.00	.000	.00	.00
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	6		21	446.31	21.25	.004	74.39	.08
SPEECH AND AUDIOLOGY	0		0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0		0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	8		77	644.52	8.37	.013	80.57	.11
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0		0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	235		2,754	\$ 1,414,769.97	\$ 513.71	.463	\$ 6020.30	\$ 237.98
@XOVER EXCLUDING STATE HOSP**	0		0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 10,057
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT	AID CODES 44 48 49

	18,173 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	13,555		90,482	\$ 8,171,172.35	\$ 90.31	4.979	\$ 602.82	\$ 449.63
@PHYSICIANS SERVICES	8,120		37,079	\$ 2,307,516.91	\$ 62.23	2.040	\$ 284.18	\$ 126.98
OUTPATIENT VISITS	4,730		18,519	541,902.74	29.26	1.019	114.57	29.82
OFFICE VISITS	1,279		1,525	75,276.66	49.36	.084	58.86	4.14
HOME VISITS	0		0	.00	.00	.000	.00	.00
EMERGENCY ROOM	622		699	41,847.12	59.87	.038	67.28	2.30

PREVENTIVE CARE	12	12	512.40	42.70	.001	42.70	.03
OB VISITS/COMPRE PERI	3,221	16,133	420,681.30	26.08	.888	130.61	23.15
OTHER OUTPATIENT	116	150	3,585.26	23.90	.008	30.91	.20
INPATIENT VISITS	1,333	3,339	212,022.89	63.50	.184	159.06	11.67
HOSPITAL VISITS	1,278	2,665	119,929.20	45.00	.147	93.84	6.60
CRITICAL CARE	94	674	92,093.69	136.64	.037	979.72	5.07
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	21.76	.00	.000	.00	.00
EXAMINATIONS	0	0	21.76	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1,821	7,258	1,208,411.36	166.49	.399	663.60	66.49
PRINCIPAL SURGEON	1,325	1,599	1,026,888.74	642.21	.088	775.01	56.51
ASSISTANT SURGEON	185	185	34,066.96	184.15	.010	184.15	1.87
ANESTHESIOLOGIST	706	5,474	147,455.66	26.94	.301	208.86	8.11
OUTPATIENT SURGERY	592	1,144	89,254.19	78.02	.063	150.77	4.91
PRINCIPAL SURGEON	502	634	73,836.96	116.46	.035	147.09	4.06
ASSISTANT SURGEON	1	1	186.50	186.50	.000	186.50	.01
ANESTHESIOLOGIST	228	509	15,230.73	29.92	.028	66.80	.84
DIALYSIS	2	17	482.44	28.38	.001	241.22	.03
PATHOLOGY	1,177	1,711	36,557.48	21.37	.094	31.06	2.01
RADIOLOGY	2,534	3,242	170,856.54	52.70	.178	67.43	9.40
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	338	738	13,581.12	18.40	.041	40.18	.75
OTHER SERVICES/ALL X-OVERS	606	1,111	34,426.39	30.99	.061	56.81	1.89
@PHARMACY	3,805	8,180	\$ 176,815.21	\$ 21.62	.450	\$ 46.47	\$ 9.73
PRESCRIPTION DRUGS	3,693	7,337	133,906.99	18.25	.404	36.26	7.37
SNF/ICF	1	3	53.66	17.89	.000	53.66	.00
OUTPATIENTS	3,693	7,334	133,853.33	18.25	.404	36.25	7.37
MEDICAL SUPPLIES	282	843	42,908.22	50.90	.046	152.16	2.36
@DENTIST	24	85	\$ 1,594.00	\$ 18.75	.005	\$ 66.42	\$.09
VISITS - DIAGNOSTIC	19	61	385.00	6.31	.003	20.26	.02
ORAL SURGERY	3	3	170.00	56.67	.000	56.67	.01

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	0	55.00	.00	.000	55.00	.00
ENDODONTICS	1	1	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	7	20	984.00	49.20	.001	140.57	.05
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 10,058
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49						
					----- MONTHLY AVERAGE -----		
18,173 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	41	90 \$	5,648.94	\$ 62.77	.005	\$ 137.78	\$.31
NURSE ANESTHESIST	2	15 \$	282.85	\$ 18.86	.001	\$ 141.43	\$.02
NURSE MIDWIFE	35	235 \$	9,371.99	\$ 39.88	.013	\$ 267.77	\$.52
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	1 \$	3.53	\$ 3.53	.000	\$ 3.53	\$.00
@TOTAL HOSPITAL	4,060	19,960 \$	5,043,916.04	\$ 252.70	1.098	\$ 1242.34	\$ 277.55
HOSP INPATIENT TOTAL	1,366	3,985	4,705,105.89	1180.70	.219	3444.44	258.91
HSC HOSPITALS	1,347	3,904	4,613,501.37	1181.74	.215	3425.02	253.87
NON-HSC HOSPITAL TOTAL	21	81	91,604.52	1130.92	.004	4362.12	5.04
ACCOMMODATIONS	18	81	31,848.74	393.19	.004	1769.37	1.75
ADMINISTRATIVE DAYS	2	7	1,619.10	231.30	.000	809.55	.09
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	16	74	30,229.64	408.51	.004	1889.35	1.66
ANCILLARIES	21	0	59,755.78	.00	.000	2845.51	3.29
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,162	15,975	338,810.15	21.21	.879	107.15	18.64
MEDICAL	93	108	3,059.79	28.33	.006	32.90	.17
SURGERY	393	647	22,031.30	34.05	.036	56.06	1.21
PATHOLOGY	1,352	6,062	71,078.19	11.73	.334	52.57	3.91
RADIOLOGY	701	798	48,904.48	61.28	.044	69.76	2.69
ROOM USE	1,770	2,468	92,546.39	37.50	.136	52.29	5.09
CROSSOVERS/ALL OTH OUTPTNT	1,449	5,892	101,190.00	17.17	.324	69.83	5.57
@COUNTY HOSPITAL TOTAL	52	307 \$	34,148.06	\$ 111.23	.017	\$ 656.69	\$ 1.88
CO HOSPITAL INPATIENT TOTAL	7	23	26,369.12	1146.48	.001	3767.02	1.45
HSC HOSPITALS	7	23	26,369.12	1146.48	.001	3767.02	1.45

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	47	284	7,778.94	27.39	.016	165.51	.43
MEDICAL	10	10	136.46	13.65	.001	13.65	.01
SURGERY	17	24	900.35	37.51	.001	52.96	.05
PATHOLOGY	29	135	2,616.00	19.38	.007	90.21	.14
RADIOLOGY	1	1	133.91	133.91	.000	133.91	.01
ROOM USE	23	44	2,440.10	55.46	.002	106.09	.13
CROSSOVERS/ALL OTH OUTPTNT	31	70	1,552.12	22.17	.004	50.07	.09

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,059
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

	18,173 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4,012	19,653	\$	5,009,767.98	\$ 254.91	1.081	\$ 1248.70	\$ 275.67
COMM HOSP INPATIENT TOTAL	1,359	3,962		4,678,736.77	1180.90	.218	3442.78	257.46
HSC HOSPITALS	1,340	3,881		4,587,132.25	1181.95	.214	3423.23	252.41
NON-HSC HOSPITALS TOTAL	21	81		91,604.52	1130.92	.004	4362.12	5.04
ACCOMMODATIONS	18	81		31,848.74	393.19	.004	1769.37	1.75
ADMINISTRATIVE DAYS	2	7		1,619.10	231.30	.000	809.55	.09
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	16	74		30,229.64	408.51	.004	1889.35	1.66
ANCILLARIES	21	0		59,755.78	.00	.000	2845.51	3.29
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,119	15,691		331,031.21	21.10	.863	106.13	18.22
MEDICAL	83	98		2,923.33	29.83	.005	35.22	.16
SURGERY	376	623		21,130.95	33.92	.034	56.20	1.16
PATHOLOGY	1,325	5,927		68,462.19	11.55	.326	51.67	3.77
RADIOLOGY	700	797		48,770.57	61.19	.044	69.67	2.68
ROOM USE	1,749	2,424		90,106.29	37.17	.133	51.52	4.96
CROSSOVERS/ALL OTH OUTPTNT	1,419	5,822		99,637.88	17.11	.320	70.22	5.48
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	2	22	\$	2,014.32	\$ 91.56	.001	\$ 1007.16	\$.11
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	2	22		2,014.32	91.56	.001	1007.16	.11

@REHABILITATION FACILITY	2	5	\$	191.90	\$	38.38	.000	\$	95.95	\$	.01
HOSPITAL BASED	2	5		191.90		38.38	.000		95.95		.01
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4,224	11,963	\$	171,257.79	\$	14.32	.658	\$	40.54	\$	9.42
PATHOLOGY	4,224	11,963		171,257.79		14.32	.658		40.54		9.42
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2,002	10,810	\$	332,924.67	\$	30.80	.595	\$	166.30	\$	18.32
CLINIC	1,838	10,283		303,368.64		29.50	.566		165.05		16.69
SURGICENTER	49	311		8,300.66		26.69	.017		169.40		.46
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	119	216		21,255.37		98.40	.012		178.62		1.17
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 10,060
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49										

	18,173 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,310	2,037	\$	119,634.20	\$ 58.73	.112	\$ 91.32	\$ 6.58
DURABLE MED. EQUIP.	4	10		891.36	89.14	.001	222.84	.05
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	90	745		13,479.46	18.09	.041	149.77	.74
AMBULANCES/AIR TRANS	90	745		13,479.46	18.09	.041	149.77	.74
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1,103	1,106		92,437.00	83.58	.061	83.81	5.09
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	118	174		10,811.92	62.14	.010	91.63	.59
PROSTHETICS	44	92		3,824.89	41.57	.005	86.93	.21
ORTHOTICS	79	82		6,987.03	85.21	.005	88.44	.38
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	2	2		2,014.46	1007.23	.000	1007.23	.11
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	60	607	\$	356,757.86	\$ 587.74	.033	\$ 5945.96	\$ 19.63
@XOVER EXCLUDING STATE HOSP**	3	21	\$	229.00	\$ 10.90	.001	\$ 76.33	\$.01

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 10,061
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76										

	22 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	23	144	\$	5,484.43	\$	38.09	6.545	\$	238.45	\$	249.29
@PHYSICIANS SERVICES	13	58	\$	2,116.62	\$	36.49	2.636	\$	162.82	\$	96.21
OUTPATIENT VISITS	9	48		1,128.38		23.51	2.182		125.38		51.29
OFFICE VISITS	1	1		24.00		24.00	.045		24.00		1.09
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	6	7		434.48		62.07	.318		72.41		19.75
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	4	40		669.90		16.75	1.818		167.48		30.45
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	3	6		889.12		148.19	.273		296.37		40.41
PRINCIPAL SURGEON	2	2		757.15		378.58	.091		378.58		34.42
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	4		131.97		32.99	.182		131.97		6.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	2		45.00		22.50	.091		22.50		2.05
RADIOLOGY	2	2		54.12		27.06	.091		27.06		2.46
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	2	4	\$	201.49	\$	50.37	.182	\$	100.75	\$	9.16
PRESCRIPTION DRUGS	1	2		24.06		12.03	.091		24.06		1.09
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	1	2		24.06		12.03	.091		24.06		1.09
MEDICAL SUPPLIES	1	2		177.43		88.72	.091		177.43		8.07
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,062
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM

AID CODE 76

22 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	8	62	\$	2,773.47	\$	44.73	2.818	\$	346.68	\$	126.07
HOSP INPATIENT TOTAL	1	2		1,680.00		840.00	.091		1680.00		76.36
HSC HOSPITALS	1	2		1,680.00		840.00	.091		1680.00		76.36
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	8	60		1,093.47		18.22	2.727		136.68		49.70
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	2	2		106.89		53.45	.091		53.45		4.86
PATHOLOGY	5	34		312.37		9.19	1.545		62.47		14.20

RADIOLOGY	2	2	103.87	51.94	.091	51.94	4.72
ROOM USE	7	9	417.99	46.44	.409	59.71	19.00
CROSSOVERS/ALL OTH OUTPTNT	7	13	152.35	11.72	.591	21.76	6.93
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 10,063
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM						AID CODE 76

22 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8	62	\$ 2,773.47	\$ 44.73	2.818	\$ 346.68	\$ 126.07
COMM HOSP INPATIENT TOTAL	1	2	1,680.00	840.00	.091	1680.00	76.36
HSC HOSPITALS	1	2	1,680.00	840.00	.091	1680.00	76.36
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	8	60	1,093.47	18.22	2.727	136.68	49.70
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	2	2	106.89	53.45	.091	53.45	4.86
PATHOLOGY	5	34	312.37	9.19	1.545	62.47	14.20
RADIOLOGY	2	2	103.87	51.94	.091	51.94	4.72
ROOM USE	7	9	417.99	46.44	.409	59.71	19.00
CROSSOVERS/ALL OTH OUTPTNT	7	13	152.35	11.72	.591	21.76	6.93
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000	.00	.00	
ICF DD	0	0		.00		.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00	
@LABORATORY FACILITY	8	19	\$	287.85	\$	15.15	.864	\$	35.98	
PATHOLOGY	8	19		287.85		15.15	.864		35.98	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002									PAGE 10,064
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM									AID CODE 76

22 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	1	\$ 105.00	\$ 105.00	.045	\$ 105.00	\$ 4.77
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.045	105.00	4.77
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

		----- MONTHLY AVERAGE -----						
24,140 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	15,946	99,656	\$ 10,122,916.76	\$ 101.58	4.128	\$ 634.82	\$ 419.34	
@PHYSICIANS SERVICES	9,695	41,165	\$ 2,568,634.43	\$ 62.40	1.705	\$ 264.94	\$ 106.41	
OUTPATIENT VISITS	6,023	20,274	603,877.43	29.79	.840	100.26	25.02	
OFFICE VISITS	2,284	2,842	120,150.19	42.28	.118	52.61	4.98	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	822	916	53,108.75	57.98	.038	64.61	2.20	
PREVENTIVE CARE	53	55	1,963.59	35.70	.002	37.05	.08	
OB VISITS/COMPRE PERI	3,226	16,174	421,445.93	26.06	.670	130.64	17.46	
OTHER OUTPATIENT	214	287	7,208.97	25.12	.012	33.69	.30	
INPATIENT VISITS	1,497	4,404	339,099.26	77.00	.182	226.52	14.05	
HOSPITAL VISITS	1,421	3,088	142,269.04	46.07	.128	100.12	5.89	
CRITICAL CARE	146	1,316	196,830.22	149.57	.055	1348.15	8.15	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	18	36	1,558.75	43.30	.001	86.60	.06	
EXAMINATIONS	18	36	1,558.75	43.30	.001	86.60	.06	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	1,862	7,517	1,237,054.93	164.57	.311	664.37	51.25	
PRINCIPAL SURGEON	1,356	1,642	1,049,576.79	639.21	.068	774.02	43.48	
ASSISTANT SURGEON	186	186	34,386.82	184.88	.008	184.88	1.42	
ANESTHESIOLOGIST	722	5,689	153,091.32	26.91	.236	212.04	6.34	
OUTPATIENT SURGERY	628	1,209	95,045.55	78.62	.050	151.35	3.94	
PRINCIPAL SURGEON	531	666	78,631.80	118.07	.028	148.08	3.26	
ASSISTANT SURGEON	1	1	186.50	186.50	.000	186.50	.01	
ANESTHESIOLOGIST	235	542	16,227.25	29.94	.022	69.05	.67	
DIALYSIS	2	17	482.44	28.38	.001	241.22	.02	
PATHOLOGY	1,220	1,828	38,454.66	21.04	.076	31.52	1.59	
RADIOLOGY	2,685	3,558	177,086.23	49.77	.147	65.95	7.34	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	355	757	24,207.29	31.98	.031	68.19	1.00	
OTHER SERVICES/ALL X-OVERS	819	1,565	51,767.89	33.08	.065	63.21	2.14	
@PHARMACY	4,654	9,624	\$ 234,559.19	\$ 24.37	.399	\$ 50.40	\$ 9.72	
PRESCRIPTION DRUGS	4,519	8,677	186,335.15	21.47	.359	41.23	7.72	
SNF/ICF	1	3	53.66	17.89	.000	53.66	.00	
OUTPATIENTS	4,519	8,674	186,281.49	21.48	.359	41.22	7.72	
MEDICAL SUPPLIES	325	947	48,224.04	50.92	.039	148.38	2.00	
@DENTIST	24	85	\$ 1,594.00	\$ 18.75	.004	\$ 66.42	\$.07	
VISITS - DIAGNOSTIC	19	61	385.00	6.31	.003	20.26	.02	
ORAL SURGERY	3	3	170.00	56.67	.000	56.67	.01	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	1	0	55.00	.00	.000	55.00	.00	
ENDODONTICS	1	1	.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	7	20	984.00	49.20	.001	140.57	.04	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00	

24,140 ELIGIBLES		USERS		UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG		COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1			1	\$	47.45	\$ 47.45	.000	\$	47.45	\$.00
DIAGNOSTIC AND ANC. PROCED	1			1		47.45	47.45	.000		47.45	.00
EYE APPLIANCES	0			0		.00	.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0			0		.00	.00	.000		.00	.00
@CHIROPRACTOR	0			0	\$	.00	\$.00	.000	\$	.00	\$.00
VISITS	0			0		.00	.00	.000		.00	.00
OTHER SERVICES	0			0		.00	.00	.000		.00	.00
@PODIATRIST	0			0	\$	6.64	\$.00	.000	\$	.00	\$.00
MEDICINE/INJECTIONS	0			0		6.64	.00	.000		.00	.00
SURGERY/ANES.	0			0		.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0			0		.00	.00	.000		.00	.00
OTHER	0			0		.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	73			169	\$	10,802.38	\$ 63.92	.007	\$	147.98	\$.45
NURSE ANESTHESIST	2			15	\$	282.85	\$ 18.86	.001	\$	141.43	\$.01
NURSE MIDWIFE	35			235	\$	9,371.99	\$ 39.88	.010	\$	267.77	\$.39
PEDIATRIC NURSE PRACTITIONER	0			0	\$	.00	\$.00	.000	\$	.00	\$.00
FAMILY NURSE PRACTITIONER	1			1	\$	3.53	\$ 3.53	.000	\$	3.53	\$.00
@TOTAL HOSPITAL	4,529			22,412	\$	6,649,388.83	\$ 296.69	.928	\$	1468.18	\$ 275.45
HOSP INPATIENT TOTAL	1,458			5,216		6,277,715.99	1203.55	.216		4305.70	260.05
HSC HOSPITALS	1,436			5,104		6,160,905.37	1207.07	.211		4290.32	255.22
NON-HSC HOSPITAL TOTAL	24			112		116,810.62	1042.95	.005		4867.11	4.84
ACCOMMODATIONS	21			112		55,156.54	492.47	.005		2626.50	2.28
ADMINISTRATIVE DAYS	2			7		1,619.10	231.30	.000		809.55	.07
TRANSITIONAL IP CARE	0			0		.00	.00	.000		.00	.00
ALL OTHER ACCOM	19			105		53,537.44	509.88	.004		2817.76	2.22
ANCILLARIES	24			0		61,654.08	.00	.000		2568.92	2.55
INPATIENT CROSSOVERS	0			0		.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0			0		.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	3,552			17,196		371,672.84	21.61	.712		104.64	15.40
MEDICAL	142			177		6,182.04	34.93	.007		43.54	.26
SURGERY	415			672		22,855.65	34.01	.028		55.07	.95
PATHOLOGY	1,441			6,420		74,373.20	11.58	.266		51.61	3.08
RADIOLOGY	768			877		52,728.32	60.12	.036		68.66	2.18
ROOM USE	2,097			2,873		107,563.63	37.44	.119		51.29	4.46
CROSSOVERS/ALL OTH OUTPTNT	1,563			6,177		107,970.00	17.48	.256		69.08	4.47
@COUNTY HOSPITAL TOTAL	52			307	\$	34,148.06	\$ 111.23	.013	\$	656.69	\$ 1.41
CO HOSPITAL INPATIENT TOTAL	7			23		26,369.12	1146.48	.001		3767.02	1.09
HSC HOSPITALS	7			23		26,369.12	1146.48	.001		3767.02	1.09
NON-HSC HOSPITALS TOTAL	0			0		.00	.00	.000		.00	.00
ACCOMMODATIONS	0			0		.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0			0		.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0			0		.00	.00	.000		.00	.00
ALL OTHER ACCOM	0			0		.00	.00	.000		.00	.00
ANCILLARIES	0			0		.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0			0		.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0			0		.00	.00	.000		.00	.00
CO HOSP OUTPATIENT TOTAL	47			284		7,778.94	27.39	.012		165.51	.32
MEDICAL	10			10		136.46	13.65	.000		13.65	.01
SURGERY	17			24		900.35	37.51	.001		52.96	.04
PATHOLOGY	29			135		2,616.00	19.38	.006		90.21	.11

RADIOLOGY	1	1	133.91	133.91	.000	133.91	.01
ROOM USE	23	44	2,440.10	55.46	.002	106.09	.10
CROSSOVERS/ALL OTH OUTPTNT	31	70	1,552.12	22.17	.003	50.07	.06

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SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
24,140 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	4,481	22,105	\$ 6,615,240.77	\$ 299.26	.916	\$ 1476.29	\$ 274.04
COMM HOSP INPATIENT TOTAL	1,451	5,193	6,251,346.87	1203.80	.215	4308.30	258.96
HSC HOSPITALS	1,429	5,081	6,134,536.25	1207.35	.210	4292.89	254.12
NON-HSC HOSPITALS TOTAL	24	112	116,810.62	1042.95	.005	4867.11	4.84
ACCOMMODATIONS	21	112	55,156.54	492.47	.005	2626.50	2.28
ADMINISTRATIVE DAYS	2	7	1,619.10	231.30	.000	809.55	.07
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	19	105	53,537.44	509.88	.004	2817.76	2.22
ANCILLARIES	24	0	61,654.08	.00	.000	2568.92	2.55
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,509	16,912	363,893.90	21.52	.701	103.70	15.07
MEDICAL	132	167	6,045.58	36.20	.007	45.80	.25
SURGERY	398	648	21,955.30	33.88	.027	55.16	.91
PATHOLOGY	1,414	6,285	71,757.20	11.42	.260	50.75	2.97
RADIOLOGY	767	876	52,594.41	60.04	.036	68.57	2.18
ROOM USE	2,076	2,829	105,123.53	37.16	.117	50.64	4.35
CROSSOVERS/ALL OTH OUTPTNT	1,533	6,107	106,417.88	17.43	.253	69.42	4.41
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	2	22	\$ 2,014.32	\$ 91.56	.001	\$ 1007.16	\$.08
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	2	22	2,014.32	91.56	.001	1007.16	.08
@REHABILITATION FACILITY	3	6	\$ 249.44	\$ 41.57	.000	\$ 83.15	\$.01
HOSPITAL BASED	3	6	249.44	41.57	.000	83.15	.01
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	4,337	12,178	\$ 173,111.63	\$ 14.22	.504	\$ 39.92	\$ 7.17
PATHOLOGY	4,337	12,178	173,111.63	14.22	.504	39.92	7.17
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2,067	10,953	\$ 338,057.97	\$ 30.86	.454	\$ 163.55	\$ 14.00
CLINIC	1,881	10,395	305,338.39	29.37	.431	162.33	12.65
SURGICENTER	49	311	8,300.66	26.69	.013	169.40	.34
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	141	247	24,418.92	98.86	.010	173.18	1.01

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SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76

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24,140 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,405	2,790	\$ 134,792.11	\$ 48.31	.116	\$ 95.94	\$ 5.58
DURABLE MED. EQUIP.	35	97	6,628.21	68.33	.004	189.38	.27
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	115	1,287	20,602.05	16.01	.053	179.15	.85
AMBULANCES/AIR TRANS	115	1,286	18,802.05	14.62	.053	163.50	.78
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.000	1800.00	.07
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1,127	1,130	93,628.00	82.86	.047	83.08	3.88
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.000	16.64	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	118	174	10,811.92	62.14	.007	91.63	.45
PROSTHETICS	44	92	3,824.89	41.57	.004	86.93	.16
ORTHOTICS	79	82	6,987.03	85.21	.003	88.44	.29
PSYCHOLOGIST	6	21	446.31	21.25	.001	74.39	.02
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	2	2	2,014.46	1007.23	.000	1007.23	.08
LOCAL EDUCATION AGENCIES	8	77	644.52	8.37	.003	80.57	.03
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	295	3,361	\$ 1,771,527.83	\$ 527.08	.139	\$ 6005.18	\$ 73.39
@XOVER EXCLUDING STATE HOSP**	3	21	\$ 229.00	\$ 10.90	.001	\$ 76.33	\$.01

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,069
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

4,716 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,798	126,407	\$ 1,595,285.32	\$ 12.62	26.804	\$ 420.03	\$ 338.27
@PHYSICIANS SERVICES	846	2,776	\$ 27,380.10	\$ 9.86	.589	\$ 32.36	\$ 5.81
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	2	2	114.12	57.06	.000	57.06	.02
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	844	2,774	27,265.98	9.83	.588	32.31	5.78
@PHARMACY	3,391	61,466	\$ 842,869.80	\$ 13.71	13.034	\$ 248.56	\$ 178.73
PRESCRIPTION DRUGS	3,349	15,531	802,703.94	51.68	3.293	239.68	170.21
SNF/ICF	148	897	39,055.06	43.54	.190	263.89	8.28
OUTPATIENTS	3,232	14,634	763,648.88	52.18	3.103	236.28	161.93
MEDICAL SUPPLIES	414	45,935	40,165.86	.87	9.740	97.02	8.52
@DENTIST	194	660	\$ 32,262.12	\$ 48.88	.140	\$ 166.30	\$ 6.84
VISITS - DIAGNOSTIC	115	395	5,493.60	13.91	.084	47.77	1.16
ORAL SURGERY	30	58	3,151.50	54.34	.012	105.05	.67
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	10	10	2,000.00	200.00	.002	200.00	.42
ENDODONTICS	9	10	2,400.00	240.00	.002	266.67	.51
RESTORATIVE DENTISTRY	30	69	6,739.00	97.67	.015	224.63	1.43
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	45	112	12,378.02	110.52	.024	275.07	2.62
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	6	100.00	16.67	.001	33.33	.02

#CALIF DEPT OF HEALTH SERV MOP024
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED

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4,716 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	68	184	\$ 4,009.43	\$ 21.79	.039	\$ 58.96	\$.85
DIAGNOSTIC AND ANC. PROCED	16	17	769.08	45.24	.004	48.07	.16
EYE APPLIANCES	58	154	3,117.08	20.24	.033	53.74	.66
OTHER OPTOMETRIC SERVICES	6	13	123.27	9.48	.003	20.55	.03
@CHIROPRACTOR	3	4	\$ 51.55	\$ 12.89	.001	\$ 17.18	\$.01
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	3	4	51.55	12.89	.001	17.18	.01
@PODIATRIST	202	367	\$ 4,702.88	\$ 12.81	.078	\$ 23.28	\$ 1.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	202	367	4,702.88	12.81	.078	23.28	1.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	3	10	\$ 32.70	\$ 3.27	.002	\$ 10.90	\$.01
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	287	1,768	\$ 50,756.87	\$ 28.71	.375	\$ 176.85	\$ 10.76
HOSP INPATIENT TOTAL	35	259	24,111.45	93.09	.055	688.90	5.11
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	35	259	24,111.45	93.09	.055	688.90	5.11
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	254	1,509	26,645.42	17.66	.320	104.90	5.65
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	32.86	32.86	.000	32.86	.01
CROSSOVERS/ALL OTH OUTPTNT	254	1,508	26,612.56	17.65	.320	104.77	5.64
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,071
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

4,716 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	287	1,768	\$ 50,756.87	\$ 28.71	.375	\$ 176.85	\$ 10.76
COMM HOSP INPATIENT TOTAL	35	259	24,111.45	93.09	.055	688.90	5.11
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	35	259	24,111.45	93.09	.055	688.90	5.11
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	254	1,509	26,645.42	17.66	.320	104.90	5.65
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	32.86	32.86	.000	32.86	.01
CROSSOVERS/ALL OTH OUTPTNT	254	1,508	26,612.56	17.65	.320	104.77	5.64
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	147	3,241	\$ 429,371.46	\$ 132.48	.687	\$ 2920.89	\$ 91.05
LEV A-INTERMEDIATE	2	91	6,020.56	66.16	.019	3010.28	1.28
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	145	3,150	423,350.90	134.40	.668	2919.66	89.77
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	21	32	\$ 17,342.17	\$ 541.94	.007	\$ 825.82	\$ 3.68
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	21	32	17,342.17	541.94	.007	825.82	3.68
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	6	53	\$ 41.42	\$.78	.011	\$ 6.90	\$.01
PATHOLOGY	1	2	14.48	7.24	.000	14.48	.00
XO AND OTHERS	5	51	26.94	.53	.011	5.39	.01

ORGANIZED OUTPATIENT CLINIC	28	42	\$	2,239.24	\$	53.32	.009	\$	79.97	\$	.47
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	10	15		1,638.66		109.24	.003		163.87		.35
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	18	27		600.58		22.24	.006		33.37		.13

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,072
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 SACRAMENTO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

	4,716 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
ALL OTHER PROVIDERS	875	55,804	\$	184,225.58	\$ 3.30	11.833	\$ 210.54	\$ 39.06
DURABLE MED. EQUIP.	26	62		15,423.17	248.76	.013	593.20	3.27
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	18	21		5,037.83	239.90	.004	279.88	1.07
MEDICAL TRANSPORTATION	204	9,482		33,472.20	3.53	2.011	164.08	7.10
AMBULANCES/AIR TRANS	5	13		399.86	30.76	.003	79.97	.08
OTHER TRANS	72	8,156		23,603.30	2.89	1.729	327.82	5.00
OTHER SERVICES	138	1,313		9,469.04	7.21	.278	68.62	2.01
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	38	412		27,528.00	66.82	.087	724.42	5.84
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	112	2,020		64,531.26	31.95	.428	576.17	13.68
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	96	210		2,944.47	14.02	.045	30.67	.62
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	2	3		6.04	2.01	.001	3.02	.00
PROSTHETIST/ORTHOTISTS	4	11		172.30	15.66	.002	43.08	.04
PROSTHETICS	4	11		172.30	15.66	.002	43.08	.04
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	1	2		5.95	2.98	.000	5.95	.00
SPEECH AND AUDIOLOGY	18	43		4,189.13	97.42	.009	232.73	.89

HOSPICE SERVICES	1	2	214.56	107.28	.000	214.56	.05
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	454	43,536	30,700.67	.71	9.232	67.62	6.51
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1,517	20,574	\$ 197,967.66	\$ 9.62	4.363	\$ 130.50	\$ 41.98

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 10,073
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND	AID CODES 26 6A

244 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	203	2,126	\$ 106,995.78	\$ 50.33	8.713	\$ 527.07	\$ 438.51
@PHYSICIANS SERVICES	42	108	\$ 933.51	\$ 8.64	.443	\$ 22.23	\$ 3.83
OUTPATIENT VISITS	1	1	24.00	24.00	.004	24.00	.10
OFFICE VISITS	1	1	24.00	24.00	.004	24.00	.10
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	41	107	909.51	8.50	.439	22.18	3.73
@PHARMACY	182	1,468	\$ 78,879.13	\$ 53.73	6.016	\$ 433.40	\$ 323.28
PRESCRIPTION DRUGS	180	941	76,650.33	81.46	3.857	425.84	314.14
SNF/ICF	6	34	1,045.43	30.75	.139	174.24	4.28
OUTPATIENTS	177	907	75,604.90	83.36	3.717	427.15	309.86
MEDICAL SUPPLIES	20	527	2,228.80	4.23	2.160	111.44	9.13
@DENTIST	19	85	\$ 1,861.00	\$ 21.89	.348	\$ 97.95	\$ 7.63
VISITS - DIAGNOSTIC	11	75	714.00	9.52	.307	64.91	2.93
ORAL SURGERY	1	1	85.00	85.00	.004	85.00	.35

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	.00	.00	.004	.00	.00
RESTORATIVE DENTISTRY	5	5	162.00	32.40	.020	32.40	.66
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	3	900.00	300.00	.012	450.00	3.69
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,074
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

244 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	6	\$ 106.22	\$ 17.70	.025	\$ 53.11	\$.44
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	2	6	106.22	17.70	.025	53.11	.44
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	7	42	\$ 548.02	\$ 13.05	.172	\$ 78.29	\$ 2.25
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	7	42	548.02	13.05	.172	78.29	2.25
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	11	38	\$ 549.69	\$ 14.47	.156	\$ 49.97	\$ 2.25
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	11	38	549.69	14.47	.156	49.97	2.25
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	11	38	549.69	14.47	.156	49.97	2.25
@COUNTY HOSPITAL TOTAL	0	0	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 10,075
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A						
					----- MONTHLY AVERAGE -----		
244 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11	38	\$ 549.69	\$ 14.47	.156	\$ 49.97	\$ 2.25
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	11	38	549.69	14.47	.156	49.97	2.25
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	11	38	549.69	14.47	.156	49.97	2.25
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	5	98	\$ 15,501.35	\$ 158.18	.402	\$ 3100.27	\$ 63.53
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	5	98	15,501.35	158.18	.402	3100.27	63.53
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2	4	\$	232.42	\$	58.11	.016	\$	116.21	\$	.95
CLINIC	2	4		232.42		58.11	.016		116.21		.95
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 10,076
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A										

244 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	40	277	\$ 8,384.44	\$ 30.27	1.135	\$ 209.61	\$ 34.36
DURABLE MED. EQUIP.	2	8	195.40	24.43	.033	97.70	.80
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	4	37	294.22	7.95	.152	73.56	1.21
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	5	35.71	7.14	.020	35.71	.15
OTHER SERVICES	4	32	258.51	8.08	.131	64.63	1.06
ACUPUNCTURE	1	2	43.25	21.63	.008	43.25	.18
ADULT DAY HEALTH CARE CTR	6	38	2,535.12	66.71	.156	422.52	10.39
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	7	62	3,760.75	60.66	.254	537.25	15.41
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	8	224.46	28.06	.033	74.82	.92
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	.65	.65	.004	.65	.00
PROSTHETIST/ORTHOTISTS	1	1	21.03	21.03	.004	21.03	.09
PROSTHETICS	1	1	21.03	21.03	.004	21.03	.09
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	8	287.24	35.91	.033	143.62	1.18
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	18	112	1,022.32	9.13	.459	56.80	4.19
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	69	333	\$ 7,530.20	\$ 22.61	1.365	\$ 109.13	\$ 30.86

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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6,213 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE

@TOTAL, ALL PROVIDERS	5,159	187,607	\$	2,869,016.27	\$	15.29	30.196	\$	556.12	\$	461.78
@PHYSICIANS SERVICES	1,315	4,216	\$	53,955.30	\$	12.80	.679	\$	41.03	\$	8.68
OUTPATIENT VISITS	47	75		2,606.76		34.76	.012		55.46		.42
OFFICE VISITS	37	59		1,874.58		31.77	.009		50.66		.30
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	5	6		512.50		85.42	.001		102.50		.08
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	9	10		219.68		21.97	.002		24.41		.04
INPATIENT VISITS	8	21		903.93		43.04	.003		112.99		.15
HOSPITAL VISITS	8	21		903.93		43.04	.003		112.99		.15
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	3	3		87.90		29.30	.000		29.30		.01
EXAMINATIONS	3	3		87.90		29.30	.000		29.30		.01
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	9	33		978.75		29.66	.005		108.75		.16
PRINCIPAL SURGEON	2	2		160.81		80.41	.000		80.41		.03
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	7	31		817.94		26.39	.005		116.85		.13
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	11	28		271.11		9.68	.005		24.65		.04
RADIOLOGY	19	33		1,924.50		58.32	.005		101.29		.31
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	4	4		123.56		30.89	.001		30.89		.02
OTHER SERVICES/ALL X-OVERS	1,259	4,019		47,058.79		11.71	.647		37.38		7.57
@PHARMACY	4,724	42,414	\$	2,087,994.84	\$	49.23	6.827	\$	442.00	\$	336.07
PRESCRIPTION DRUGS	4,662	23,486		2,034,708.85		86.63	3.780		436.45		327.49

SNF/ICF	71	430	25,714.66	59.80	.069	362.18	4.14
OUTPATIENTS	4,620	23,056	2,008,994.19	87.14	3.711	434.85	323.35
MEDICAL SUPPLIES	490	18,928	53,285.99	2.82	3.047	108.75	8.58
@DENTIST	476	2,251	\$ 91,261.46	\$ 40.54	.362	\$ 191.73	\$ 14.69
VISITS - DIAGNOSTIC	316	1,545	18,694.46	12.10	.249	59.16	3.01
ORAL SURGERY	55	134	6,112.00	45.61	.022	111.13	.98
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	59	74	13,275.00	179.39	.012	225.00	2.14
ENDODONTICS	21	25	6,196.00	247.84	.004	295.05	1.00
RESTORATIVE DENTISTRY	127	289	27,505.00	95.17	.047	216.57	4.43
PROSTHETICS	9	9	270.00	30.00	.001	30.00	.04
DENTURES, STAYPLATES	53	172	19,209.00	111.68	.028	362.43	3.09
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	4	3	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024
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6,213 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	116	340	\$ 7,360.95	\$ 21.65	.055	\$ 63.46	\$ 1.18
DIAGNOSTIC AND ANC. PROCED	37	38	1,628.81	42.86	.006	44.02	.26
EYE APPLIANCES	94	281	4,971.40	17.69	.045	52.89	.80
OTHER OPTOMETRIC SERVICES	16	21	760.74	36.23	.003	47.55	.12
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	182	373	\$ 5,149.45	\$ 13.81	.060	\$ 28.29	\$.83
MEDICINE/INJECTIONS	1	1	21.40	21.40	.000	21.40	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	181	372	5,128.05	13.79	.060	28.33	.83
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	7	69	\$ 242.60	\$ 3.52	.011	\$ 34.66	\$.04
NURSE MIDWIFE	3	11	\$ 13.42	\$ 1.22	.002	\$ 4.47	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	1	1	\$ 24.00	\$ 24.00	.000	\$ 24.00	\$.00
@TOTAL HOSPITAL	416	2,834	\$ 115,971.16	\$ 40.92	.456	\$ 278.78	\$ 18.67
HOSP INPATIENT TOTAL	43	329	65,482.88	199.04	.053	1522.86	10.54
HSC HOSPITALS	8	29	29,466.97	1016.10	.005	3683.37	4.74
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	35	300	36,015.91	120.05	.048	1029.03	5.80
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	382	2,505	50,488.28	20.16	.403	132.17	8.13
MEDICAL	0	0	4.45	.00	.000	.00	.00
SURGERY	16	17	1,093.72	64.34	.003	68.36	.18
PATHOLOGY	8	23	194.66	8.46	.004	24.33	.03

RADIOLOGY	3	3	190.72	63.57	.000	63.57	.03
ROOM USE	27	53	3,105.79	58.60	.009	115.03	.50
CROSSOVERS/ALL OTH OUTPTNT	364	2,409	45,898.94	19.05	.388	126.10	7.39
@COUNTY HOSPITAL TOTAL	2	21	\$ 63.33	\$ 3.02	.003	\$ 31.67	\$.01
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	21	63.33	3.02	.003	31.67	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	21	63.33	3.02	.003	31.67	.01
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	6,213 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	414	2,813	\$	115,907.83	\$ 41.20	.453	\$ 279.97	\$ 18.66
COMM HOSP INPATIENT TOTAL	43	329		65,482.88	199.04	.053	1522.86	10.54
HSC HOSPITALS	8	29		29,466.97	1016.10	.005	3683.37	4.74
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	35	300		36,015.91	120.05	.048	1029.03	5.80
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	380	2,484		50,424.95	20.30	.400	132.70	8.12
MEDICAL	0	0		4.45	.00	.000	.00	.00
SURGERY	16	17		1,093.72	64.34	.003	68.36	.18
PATHOLOGY	8	23		194.66	8.46	.004	24.33	.03
RADIOLOGY	3	3		190.72	63.57	.000	63.57	.03
ROOM USE	27	53		3,105.79	58.60	.009	115.03	.50
CROSSOVERS/ALL OTH OUTPTNT	362	2,388		45,835.61	19.19	.384	126.62	7.38
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	38	930	\$	133,856.00	\$ 143.93	.150	\$ 3522.53	\$ 21.54
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	38	930		133,856.00	143.93	.150	3522.53	21.54
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	65	93	\$	51,317.20	\$ 551.80	.015	\$ 789.50	\$ 8.26
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	65	93		51,317.20	551.80	.015	789.50	8.26
@REHABILITATION FACILITY	1	1	\$	45.66	\$ 45.66	.000	\$ 45.66	\$.01
HOSPITAL BASED	1	1		45.66	45.66	.000	45.66	.01
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	19	88	\$	985.88	\$ 11.20	.014	\$ 51.89	\$.16
PATHOLOGY	16	78		956.12	12.26	.013	59.76	.15
XO AND OTHERS	3	10		29.76	2.98	.002	9.92	.00
@ORGANIZED OUTPATIENT CLINIC	58	181	\$	6,064.00	\$ 33.50	.029	\$ 104.55	\$.98
CLINIC	28	117		1,069.14	9.14	.019	38.18	.17
SURGICENTER	7	12		934.06	77.84	.002	133.44	.15
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	23	52		4,060.80	78.09	.008	176.56	.65
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
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	6,213 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,038		133,805	\$ 314,774.35	\$ 2.35	21.536	\$ 303.25	\$ 50.66
DURABLE MED. EQUIP.	73		236	48,781.04	206.70	.038	668.23	7.85
BLOOD BANK	3		31	392.40	12.66	.005	130.80	.06
HEARING AID DISPENSERS	4		4	206.98	51.75	.001	51.75	.03
MEDICAL TRANSPORTATION	255		17,343	70,333.76	4.06	2.791	275.82	11.32
AMBULANCES/AIR TRANS	10		32	945.21	29.54	.005	94.52	.15
OTHER TRANS	126		15,952	59,235.12	3.71	2.568	470.12	9.53
OTHER SERVICES	130		1,359	10,153.43	7.47	.219	78.10	1.63
ACUPUNCTURE	11		48	821.80	17.12	.008	74.71	.13
ADULT DAY HEALTH CARE CTR	46		725	48,349.09	66.69	.117	1051.07	7.78
GENETIC DISEASE TESTING	3		3	315.00	105.00	.000	105.00	.05
IHMC,MODEL-NF,NF,AIDS,MSSP	40		2,228	74,323.01	33.36	.359	1858.08	11.96
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	138		325	3,975.24	12.23	.052	28.81	.64
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2		6	52.07	8.68	.001	26.04	.01
PROSTHETIST/ORTHOTISTS	10		21	694.50	33.07	.003	69.45	.11
PROSTHETICS	10		21	694.50	33.07	.003	69.45	.11
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	4		5	140.96	28.19	.001	35.24	.02
SPEECH AND AUDIOLOGY	144		558	22,966.26	41.16	.090	159.49	3.70
HOSPICE SERVICES	0		0	17.64	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0		0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	473		112,272	43,404.60	.39	18.070	91.76	6.99
@CALIF. CHILDREN SERVICES*	9		60	\$ 10,971.40	\$ 182.86	.010	\$ 1219.04	\$ 1.77
@XOVER EXCLUDING STATE HOSP**	1,955		22,416	\$ 246,858.00	\$ 11.01	3.608	\$ 126.27	\$ 39.73

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
SACRAMENTO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000		.00	.00
EYE APPLIANCES	0	0	.00	.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000		\$.00	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000		\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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SACRAMENTO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$	.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000		.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$	.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000		.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000		.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$	.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000		.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						
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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	.00	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	.00	.000	\$	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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SACRAMENTO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD

	11,173 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	9,160	316,140	\$	4,571,297.37	\$ 14.46	28.295	\$ 499.05	\$ 409.14
@PHYSICIANS SERVICES	2,203	7,100	\$	82,268.91	\$ 11.59	.635	\$ 37.34	\$ 7.36
OUTPATIENT VISITS	48	76		2,630.76	34.62	.007	54.81	.24
OFFICE VISITS	38	60		1,898.58	31.64	.005	49.96	.17
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	5	6		512.50	85.42	.001	102.50	.05
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	9	10		219.68	21.97	.001	24.41	.02
INPATIENT VISITS	8	21		903.93	43.04	.002	112.99	.08
HOSPITAL VISITS	8	21		903.93	43.04	.002	112.99	.08
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	3		87.90	29.30	.000	29.30	.01
EXAMINATIONS	3	3		87.90	29.30	.000	29.30	.01
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	9	33		978.75	29.66	.003	108.75	.09
PRINCIPAL SURGEON	2	2		160.81	80.41	.000	80.41	.01
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	7	31		817.94	26.39	.003	116.85	.07
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	11	28		271.11	9.68	.003	24.65	.02
RADIOLOGY	21	35		2,038.62	58.25	.003	97.08	.18
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	4		123.56	30.89	.000	30.89	.01
OTHER SERVICES/ALL X-OVERS	2,144	6,900		75,234.28	10.90	.618	35.09	6.73
@PHARMACY	8,297	105,348	\$	3,009,743.77	\$ 28.57	9.429	\$ 362.75	\$ 269.38
PRESCRIPTION DRUGS	8,191	39,958		2,914,063.12	72.93	3.576	355.76	260.81
SNF/ICF	225	1,361		65,815.15	48.36	.122	292.51	5.89
OUTPATIENTS	8,029	38,597		2,848,247.97	73.79	3.454	354.75	254.92
MEDICAL SUPPLIES	924	65,390		95,680.65	1.46	5.853	103.55	8.56
@DENTIST	689	2,996	\$	125,384.58	\$ 41.85	.268	\$ 181.98	\$ 11.22
VISITS - DIAGNOSTIC	442	2,015		24,902.06	12.36	.180	56.34	2.23
ORAL SURGERY	86	193		9,348.50	48.44	.017	108.70	.84
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	69	84		15,275.00	181.85	.008	221.38	1.37
ENDODONTICS	31	36		8,596.00	238.78	.003	277.29	.77
RESTORATIVE DENTISTRY	162	363		34,406.00	94.78	.032	212.38	3.08
PROSTHETICS	9	9		270.00	30.00	.001	30.00	.02

DENTURES, STAYPLATES	100	287	32,487.02	113.20	.026	324.87	2.91
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	7	9	100.00	11.11	.001	14.29	.01

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11,173 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	186	530	\$ 11,476.60	\$ 21.65	.047	\$ 61.70	\$ 1.03
DIAGNOSTIC AND ANC. PROCED	53	55	2,397.89	43.60	.005	45.24	.21
EYE APPLIANCES	154	441	8,194.70	18.58	.039	53.21	.73
OTHER OPTOMETRIC SERVICES	22	34	884.01	26.00	.003	40.18	.08
@CHIROPRACTOR	3	4	\$ 51.55	\$ 12.89	.000	\$ 17.18	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	3	4	51.55	12.89	.000	17.18	.00
@PODIATRIST	391	782	\$ 10,400.35	\$ 13.30	.070	\$ 26.60	\$.93
MEDICINE/INJECTIONS	1	1	21.40	21.40	.000	21.40	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	390	781	10,378.95	13.29	.070	26.61	.93
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	10	79	\$ 275.30	\$ 3.48	.007	\$ 27.53	\$.02
NURSE MIDWIFE	3	11	\$ 13.42	\$ 1.22	.001	\$ 4.47	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	1	1	\$ 24.00	\$ 24.00	.000	\$ 24.00	\$.00
@TOTAL HOSPITAL	714	4,640	\$ 167,277.72	\$ 36.05	.415	\$ 234.28	\$ 14.97
HOSP INPATIENT TOTAL	78	588	89,594.33	152.37	.053	1148.65	8.02
HSC HOSPITALS	8	29	29,466.97	1016.10	.003	3683.37	2.64
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	70	559	60,127.36	107.56	.050	858.96	5.38
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	647	4,052	77,683.39	19.17	.363	120.07	6.95
MEDICAL	0	0	4.45	.00	.000	.00	.00
SURGERY	16	17	1,093.72	64.34	.002	68.36	.10
PATHOLOGY	8	23	194.66	8.46	.002	24.33	.02
RADIOLOGY	3	3	190.72	63.57	.000	63.57	.02
ROOM USE	28	54	3,138.65	58.12	.005	112.09	.28
CROSSOVERS/ALL OTH OUTPTNT	629	3,955	73,061.19	18.47	.354	116.15	6.54
@COUNTY HOSPITAL TOTAL	2	21	\$ 63.33	\$ 3.02	.002	\$ 31.67	\$.01
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	21	63.33	3.02	.002	31.67	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	21	63.33	3.02	.002	31.67	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,087
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD

					----- MONTHLY AVERAGE -----			
11,173 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	712	4,619	\$ 167,214.39	\$ 36.20	.413	\$ 234.85	\$ 14.97	
COMM HOSP INPATIENT TOTAL	78	588	89,594.33	152.37	.053	1148.65	8.02	
HSC HOSPITALS	8	29	29,466.97	1016.10	.003	3683.37	2.64	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	70	559	60,127.36	107.56	.050	858.96	5.38	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	645	4,031	77,620.06	19.26	.361	120.34	6.95	
MEDICAL	0	0	4.45	.00	.000	.00	.00	
SURGERY	16	17	1,093.72	64.34	.002	68.36	.10	
PATHOLOGY	8	23	194.66	8.46	.002	24.33	.02	
RADIOLOGY	3	3	190.72	63.57	.000	63.57	.02	
ROOM USE	28	54	3,138.65	58.12	.005	112.09	.28	

CROSSOVERS/ALL OTH OUTPTNT	627	3,934		72,997.86	18.56	.352	116.42	6.53
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	190	4,269	\$	578,728.81	\$ 135.57	.382	\$ 3045.94	\$ 51.80
LEV A-INTERMEDIATE	2	91		6,020.56	66.16	.008	3010.28	.54
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	188	4,178		572,708.25	137.08	.374	3046.32	51.26
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	86	125	\$	68,659.37	\$ 549.27	.011	\$ 798.36	\$ 6.15
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	86	125		68,659.37	549.27	.011	798.36	6.15
@REHABILITATION FACILITY	1	1	\$	45.66	\$ 45.66	.000	\$ 45.66	\$.00
HOSPITAL BASED	1	1		45.66	45.66	.000	45.66	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	25	141	\$	1,027.30	\$ 7.29	.013	\$ 41.09	\$.09
PATHOLOGY	17	80		970.60	12.13	.007	57.09	.09
XO AND OTHERS	8	61		56.70	.93	.005	7.09	.01
@ORGANIZED OUTPATIENT CLINIC	88	227	\$	8,535.66	\$ 37.60	.020	\$ 97.00	\$.76
CLINIC	30	121		1,301.56	10.76	.011	43.39	.12
SURGICENTER	17	27		2,572.72	95.29	.002	151.34	.23
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	41	79		4,661.38	59.00	.007	113.69	.42
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 10,088
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD							

		----- MONTHLY AVERAGE -----						
11,173 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	1,953	189,886	\$ 507,384.37	\$ 2.67	16.995	\$ 259.80	\$ 45.41	
DURABLE MED. EQUIP.	101	306	64,399.61	210.46	.027	637.62	5.76	
BLOOD BANK	3	31	392.40	12.66	.003	130.80	.04	
HEARING AID DISPENSERS	22	25	5,244.81	209.79	.002	238.40	.47	
MEDICAL TRANSPORTATION	463	26,862	104,100.18	3.88	2.404	224.84	9.32	
AMBULANCES/AIR TRANS	15	45	1,345.07	29.89	.004	89.67	.12	
OTHER TRANS	199	24,113	82,874.13	3.44	2.158	416.45	7.42	
OTHER SERVICES	272	2,704	19,880.98	7.35	.242	73.09	1.78	
ACUPUNCTURE	12	50	865.05	17.30	.004	72.09	.08	
ADULT DAY HEALTH CARE CTR	90	1,175	78,412.21	66.73	.105	871.25	7.02	
GENETIC DISEASE TESTING	3	3	315.00	105.00	.000	105.00	.03	
IHMC,MODEL-NF,NF,AIDS,MSSP	159	4,310	142,615.02	33.09	.386	896.95	12.76	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	237	543	7,144.17	13.16	.049	30.14	.64	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	5	10	58.76	5.88	.001	11.75	.01	
PROSTHETIST/ORTHOTISTS	15	33	887.83	26.90	.003	59.19	.08	
PROSTHETICS	15	33	887.83	26.90	.003	59.19	.08	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	5	7	146.91	20.99	.001	29.38	.01	
SPEECH AND AUDIOLOGY	164	609	27,442.63	45.06	.055	167.33	2.46	

HOSPICE SERVICES	1	2	232.20	116.10	.000	232.20	.02
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	945	155,920	75,127.59	.48	13.955	79.50	6.72
@CALIF. CHILDREN SERVICES*	9	60	\$ 10,971.40	\$ 182.86	.005	\$ 1219.04	\$.98
@XOVER EXCLUDING STATE HOSP**	3,541	43,323	\$ 452,355.86	\$ 10.44	3.877	\$ 127.75	\$ 40.49

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 10,089
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED	AID CODE 18

6,999 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	5,468	683,104	\$ 2,799,501.23	\$ 4.10	97.600	\$ 511.98	\$ 399.99
@PHYSICIANS SERVICES	815	2,739	\$ 26,964.55	\$ 9.84	.391	\$ 33.09	\$ 3.85
OUTPATIENT VISITS	14	18	587.93	32.66	.003	42.00	.08
OFFICE VISITS	10	14	400.65	28.62	.002	40.07	.06
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	108.08	108.08	.000	108.08	.02
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3	79.20	26.40	.000	26.40	.01
INPATIENT VISITS	1	1	65.01	65.01	.000	65.01	.01
HOSPITAL VISITS	1	1	65.01	65.01	.000	65.01	.01
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	3	139.32	46.44	.000	46.44	.02
EXAMINATIONS	3	3	139.32	46.44	.000	46.44	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	12	268.44	22.37	.002	134.22	.04
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	12	268.44	22.37	.002	134.22	.04
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	2.82	2.82	.000	2.82	.00
RADIOLOGY	5	5	156.34	31.27	.001	31.27	.02
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	2	50.16	25.08	.000	50.16	.01
OTHER SERVICES/ALL X-OVERS	797	2,697	25,694.53	9.53	.385	32.24	3.67
@PHARMACY	4,774	463,891	\$ 1,239,579.09	\$ 2.67	66.280	\$ 259.65	\$ 177.11
PRESCRIPTION DRUGS	4,559	22,050	1,108,693.32	50.28	3.150	243.19	158.41
SNF/ICF	243	1,753	72,795.71	41.53	.250	299.57	10.40
OUTPATIENTS	4,390	20,297	1,035,897.61	51.04	2.900	235.97	148.01
MEDICAL SUPPLIES	1,045	441,841	130,885.77	.30	63.129	125.25	18.70
@DENTIST	217	809	\$ 48,330.50	\$ 59.74	.116	\$ 222.72	\$ 6.91
VISITS - DIAGNOSTIC	129	472	6,093.50	12.91	.067	47.24	.87
ORAL SURGERY	36	93	4,961.00	53.34	.013	137.81	.71

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	3	100.00	33.33	.000	100.00	.01
PERIODONTICS	12	13	2,455.00	188.85	.002	204.58	.35
ENDODONTICS	7	12	2,875.00	239.58	.002	410.71	.41
RESTORATIVE DENTISTRY	38	79	8,860.00	112.15	.011	233.16	1.27
PROSTHETICS	2	2	80.00	40.00	.000	40.00	.01
DENTURES, STAYPLATES	59	129	22,881.00	177.37	.018	387.81	3.27
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	5	6	25.00	4.17	.001	5.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,090
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

6,999 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	61	168	\$ 3,522.36	\$ 20.97	.024	\$ 57.74	\$.50
DIAGNOSTIC AND ANC. PROCED	16	16	759.20	47.45	.002	47.45	.11
EYE APPLIANCES	50	139	2,691.39	19.36	.020	53.83	.38
OTHER OPTOMETRIC SERVICES	8	13	71.77	5.52	.002	8.97	.01
@CHIROPRACTOR	1	1	\$ 3.96	\$ 3.96	.000	\$ 3.96	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	3.96	3.96	.000	3.96	.00
@PODIATRIST	199	383	\$ 4,454.84	\$ 11.63	.055	\$ 22.39	\$.64
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	199	383	4,454.84	11.63	.055	22.39	.64
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	7	71	\$ 147.79	\$ 2.08	.010	\$ 21.11	\$.02
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	312	2,028	\$ 63,756.65	\$ 31.44	.290	\$ 204.35	\$ 9.11
HOSP INPATIENT TOTAL	46	252	35,968.97	142.73	.036	781.93	5.14
HSC HOSPITALS	1	12	2,371.47	197.62	.002	2371.47	.34
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	45	240	33,597.50	139.99	.034	746.61	4.80
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	267	1,776	27,787.68	15.65	.254	104.07	3.97
MEDICAL	2	2	51.20	25.60	.000	25.60	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	51	386.08	7.57	.007	96.52	.06
RADIOLOGY	2	3	41.59	13.86	.000	20.80	.01
ROOM USE	5	7	224.10	32.01	.001	44.82	.03
CROSSOVERS/ALL OTH OUTPTNT	261	1,713	27,084.71	15.81	.245	103.77	3.87
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,091
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

	6,999 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	312	2,028	\$	63,756.65	\$ 31.44	.290	\$ 204.35	\$ 9.11
COMM HOSP INPATIENT TOTAL	46	252		35,968.97	142.73	.036	781.93	5.14
HSC HOSPITALS	1	12		2,371.47	197.62	.002	2371.47	.34
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	45	240		33,597.50	139.99	.034	746.61	4.80
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	267	1,776		27,787.68	15.65	.254	104.07	3.97
MEDICAL	2	2		51.20	25.60	.000	25.60	.01
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	4	51		386.08	7.57	.007	96.52	.06
RADIOLOGY	2	3		41.59	13.86	.000	20.80	.01
ROOM USE	5	7		224.10	32.01	.001	44.82	.03
CROSSOVERS/ALL OTH OUTPTNT	261	1,713		27,084.71	15.81	.245	103.77	3.87
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	230	4,918	\$	697,704.62	\$ 141.87	.703	\$ 3033.50	\$ 99.69
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	230	4,918		697,704.62	141.87	.703	3033.50	99.69
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	55	78	\$	32,619.52	\$ 418.20	.011	\$ 593.08	\$ 4.66
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	55	78		32,619.52	418.20	.011	593.08	4.66

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	10	102	\$	288.95	\$	2.83	.015	\$	28.90	\$	.04
PATHOLOGY	5	19		279.42		14.71	.003		55.88		.04
XO AND OTHERS	5	83		9.53		.11	.012		1.91		.00
@ORGANIZED OUTPATIENT CLINIC	39	68	\$	4,547.10	\$	66.87	.010	\$	116.59	\$	.65
CLINIC	6	10		1,865.08		186.51	.001		310.85		.27
SURGICENTER	2	2		251.96		125.98	.000		125.98		.04
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	31	56		2,430.06		43.39	.008		78.39		.35
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 10,092
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED										
	AID CODE 18										

6,999 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,873	207,848	\$ 677,581.30	\$ 3.26	29.697	\$ 361.76	\$ 96.81
DURABLE MED. EQUIP.	68	182	40,086.44	220.26	.026	589.51	5.73
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	12	14	4,187.11	299.08	.002	348.93	.60
MEDICAL TRANSPORTATION	483	16,845	78,184.03	4.64	2.407	161.87	11.17
AMBULANCES/AIR TRANS	14	53	1,302.04	24.57	.008	93.00	.19
OTHER TRANS	317	14,826	64,410.53	4.34	2.118	203.19	9.20
OTHER SERVICES	182	1,966	12,471.46	6.34	.281	68.52	1.78
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	280	3,711	246,667.87	66.47	.530	880.96	35.24
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	383	4,100	210,808.81	51.42	.586	550.41	30.12
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	74	177	2,346.69	13.26	.025	31.71	.34
PHYSICAL THERAPIST	1	2	20.00	10.00	.000	20.00	.00

PORTABLE X-RAY	1	1	.65	.65	.000	.65	.00
PROSTHETIST/ORTHOTISTS	14	32	539.26	16.85	.005	38.52	.08
PROSTHETICS	14	32	539.26	16.85	.005	38.52	.08
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	38	62	8,215.01	132.50	.009	216.18	1.17
HOSPICE SERVICES	2	18	1,918.44	106.58	.003	959.22	.27
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	929	182,704	84,606.99	.46	26.104	91.07	12.09
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1,805	27,048	\$ 295,440.89	\$ 10.92	3.865	\$ 163.68	\$ 42.21

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 10,093
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND	AID CODE 28

192 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	142	17,188	\$ 101,943.23	\$ 5.93	89.521	\$ 717.91	\$ 530.95
@PHYSICIANS SERVICES	22	90	\$ 1,122.78	\$ 12.48	.469	\$ 51.04	\$ 5.85
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRES PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	22	90	1,122.78	12.48	.469	51.04	5.85
@PHARMACY	124	3,284	\$ 52,068.41	\$ 15.86	17.104	\$ 419.91	\$ 271.19
PRESCRIPTION DRUGS	123	587	48,957.71	83.40	3.057	398.03	254.99

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	123	587	48,957.71	83.40	3.057	398.03	254.99
MEDICAL SUPPLIES	30	2,697	3,110.70	1.15	14.047	103.69	16.20
@DENTIST	10	45	\$ 1,276.00	\$ 28.36	.234	\$ 127.60	\$ 6.65
VISITS - DIAGNOSTIC	7	33	381.00	11.55	.172	54.43	1.98
ORAL SURGERY	1	1	45.00	45.00	.005	45.00	.23
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	7	660.00	94.29	.036	330.00	3.44
PROSTHETICS	1	1	.00	.00	.005	.00	.00
DENTURES, STAYPLATES	2	3	190.00	63.33	.016	95.00	.99
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,094
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

192 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	1	\$ 501.06	\$ 501.06	.005	\$ 501.06	\$ 2.61
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	1	1	501.06	501.06	.005	501.06	2.61
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	3	4	\$ 13.44	\$ 3.36	.021	\$ 4.48	\$.07
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	3	4	13.44	3.36	.021	4.48	.07
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	19	324	\$ 1,346.30	\$ 4.16	1.688	\$ 70.86	\$ 7.01
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	19	324	1,346.30	4.16	1.688	70.86	7.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	4	43.54	10.89	.021	43.54	.23

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	18	320	1,302.76	4.07	1.667	72.38	6.79
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 10,095
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND						AID CODE 28

192 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	19	324	\$ 1,346.30	\$ 4.16	1.688	\$ 70.86	\$ 7.01
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	19	324	1,346.30	4.16	1.688	70.86	7.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	4	43.54	10.89	.021	43.54	.23
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	18	320	1,302.76	4.07	1.667	72.38	6.79
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	3	12	\$ 7,386.30	\$ 615.53	.063	\$ 2462.10	\$ 38.47
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	3	12	7,386.30	615.53	.063	2462.10	38.47
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 10,096
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND						AID CODE 28

192 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	36	13,428	\$ 38,228.94	\$ 2.85	69.938	\$ 1061.92	\$ 199.11
DURABLE MED. EQUIP.	1	1	79.88	79.88	.005	79.88	.42
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	54	364.50	6.75	.281	364.50	1.90
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	54	364.50	6.75	.281	364.50	1.90
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	14	1,699	34,573.09	20.35	8.849	2469.51	180.07
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	21	11,674	3,211.47	.28	60.802	152.93	16.73
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	56	1,803	\$ 11,327.18	\$ 6.28	9.391	\$ 202.27	\$ 59.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

				AID CODE 68		----- MONTHLY AVERAGE -----		
4,690 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	3,835	496,408	\$ 2,674,888.65	\$ 5.39	105.844	\$ 697.49	\$ 570.34	
@PHYSICIANS SERVICES	867	3,471	\$ 51,860.26	\$ 14.94	.740	\$ 59.82	\$ 11.06	
OUTPATIENT VISITS	157	272	9,606.29	35.32	.058	61.19	2.05	
OFFICE VISITS	98	166	5,187.46	31.25	.035	52.93	1.11	
HOME VISITS	1	1	34.30	34.30	.000	34.30	.01	
EMERGENCY ROOM	43	50	3,006.62	60.13	.011	69.92	.64	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	44	55	1,377.91	25.05	.012	31.32	.29	
INPATIENT VISITS	19	93	3,781.48	40.66	.020	199.03	.81	
HOSPITAL VISITS	16	89	3,568.48	40.10	.019	223.03	.76	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	3	4	213.00	53.25	.001	71.00	.05	
OPHTHALMOLOGICAL SERVICES	3	3	162.02	54.01	.001	54.01	.03	
EXAMINATIONS	3	3	162.02	54.01	.001	54.01	.03	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	7	40	2,246.06	56.15	.009	320.87	.48	
PRINCIPAL SURGEON	3	6	1,411.35	235.23	.001	470.45	.30	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	5	34	834.71	24.55	.007	166.94	.18	
OUTPATIENT SURGERY	25	76	4,865.45	64.02	.016	194.62	1.04	
PRINCIPAL SURGEON	18	26	3,473.11	133.58	.006	192.95	.74	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	10	50	1,392.34	27.85	.011	139.23	.30	
DIALYSIS	5	42	1,571.70	37.42	.009	314.34	.34	
PATHOLOGY	30	70	916.58	13.09	.015	30.55	.20	

RADIOLOGY	55	101		2,763.56		27.36	.022	50.25	.59
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	19	25		750.66		30.03	.005	39.51	.16
OTHER SERVICES/ALL X-OVERS	719	2,749		25,196.46		9.17	.586	35.04	5.37
@PHARMACY	3,343	167,311	\$	1,489,301.15	\$	8.90	35.674	\$ 445.50	\$ 317.55
PRESCRIPTION DRUGS	3,187	17,737		1,364,942.92		76.95	3.782	428.28	291.03
SNF/ICF	94	563		39,500.83		70.16	.120	420.22	8.42
OUTPATIENTS	3,150	17,174		1,325,442.09		77.18	3.662	420.78	282.61
MEDICAL SUPPLIES	827	149,574		124,358.23		.83	31.892	150.37	26.52
@DENTIST	277	1,273	\$	52,369.80	\$	41.14	.271	\$ 189.06	\$ 11.17
VISITS - DIAGNOSTIC	195	823		9,539.00		11.59	.175	48.92	2.03
ORAL SURGERY	28	91		4,032.49		44.31	.019	144.02	.86
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	19	33		4,360.00		132.12	.007	229.47	.93
ENDODONTICS	9	12		2,590.00		215.83	.003	287.78	.55
RESTORATIVE DENTISTRY	76	176		17,436.41		99.07	.038	229.43	3.72
PROSTHETICS	4	4		110.00		27.50	.001	27.50	.02
DENTURES, STAYPLATES	35	125		12,902.00		103.22	.027	368.63	2.75
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1		1,400.00		1400.00	.000	1400.00	.30
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	4	8		.10CR		.01CR	.002	.03CR	.00
#CALIF DEPT OF HEALTH SERV				MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002					PAGE 10,098
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SACRAMENTO COUNTY				SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED					AID CODE 68

4,690 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	72	206	\$ 4,207.11	\$ 20.42	.044	\$ 58.43	\$.90
DIAGNOSTIC AND ANC. PROCED	30	30	1,323.62	44.12	.006	44.12	.28
EYE APPLIANCES	57	165	2,703.15	16.38	.035	47.42	.58
OTHER OPTOMETRIC SERVICES	6	11	180.34	16.39	.002	30.06	.04
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	120	289	\$ 3,109.30	\$ 10.76	.062	\$ 25.91	\$.66
MEDICINE/INJECTIONS	4	5	166.20	33.24	.001	41.55	.04
SURGERY/ANES.	1	1	9.00	9.00	.000	9.00	.00
RADIO./PATHOLOGY	1	1	17.30	17.30	.000	17.30	.00
OTHER	117	282	2,916.80	10.34	.060	24.93	.62
@HOME HEALTH AGENCY	11	40	\$ 2,831.67	\$ 70.79	.009	\$ 257.42	\$.60
NURSE ANESTHESIST	5	97	\$ 245.19	\$ 2.53	.021	\$ 49.04	\$.05
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	8	17	\$ 403.97	\$ 23.76	.004	\$ 50.50	\$.09
@TOTAL HOSPITAL	417	3,022	\$ 279,792.49	\$ 92.59	.644	\$ 670.97	\$ 59.66
HOSP INPATIENT TOTAL	46	463	228,832.59	494.24	.099	4974.62	48.79
HSC HOSPITALS	15	112	122,155.30	1090.67	.024	8143.69	26.05
NON-HSC HOSPITAL TOTAL	5	101	69,125.16	684.41	.022	13825.03	14.74
ACCOMMODATIONS	5	101	28,460.32	281.79	.022	5692.06	6.07
ADMINISTRATIVE DAYS	2	92	20,755.41	225.60	.020	10377.71	4.43
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	9	7,704.91	856.10	.002	2568.30	1.64
ANCILLARIES	5	0	40,664.84	.00	.000	8132.97	8.67

INPATIENT CROSSOVERS	27	250		37,552.13	150.21	.053	1390.82	8.01
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	383	2,559		50,959.90	19.91	.546	133.05	10.87
MEDICAL	25	30		1,291.11	43.04	.006	51.64	.28
SURGERY	12	14		1,122.36	80.17	.003	93.53	.24
PATHOLOGY	51	324		2,345.25	7.24	.069	45.99	.50
RADIOLOGY	40	48		1,821.07	37.94	.010	45.53	.39
ROOM USE	92	161		7,155.72	44.45	.034	77.78	1.53
CROSSOVERS/ALL OTH OUTPTNT	301	1,982		37,224.39	18.78	.423	123.67	7.94
@COUNTY HOSPITAL TOTAL	1	5	\$	5,975.00	\$ 1195.00	.001	\$ 5975.00	\$ 1.27
CO HOSPITAL INPATIENT TOTAL	1	5		5,975.00	1195.00	.001	5975.00	1.27
HSC HOSPITALS	1	5		5,975.00	1195.00	.001	5975.00	1.27
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

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4,690 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	416	3,017	\$ 273,817.49	\$ 90.76	.643	\$ 658.22	\$ 58.38
COMM HOSP INPATIENT TOTAL	45	458	222,857.59	486.59	.098	4952.39	47.52
HSC HOSPITALS	14	107	116,180.30	1085.80	.023	8298.59	24.77
NON-HSC HOSPITALS TOTAL	5	101	69,125.16	684.41	.022	13825.03	14.74
ACCOMMODATIONS	5	101	28,460.32	281.79	.022	5692.06	6.07
ADMINISTRATIVE DAYS	2	92	20,755.41	225.60	.020	10377.71	4.43
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	9	7,704.91	856.10	.002	2568.30	1.64
ANCILLARIES	5	0	40,664.84	.00	.000	8132.97	8.67
INPATIENT CROSSOVERS	27	250	37,552.13	150.21	.053	1390.82	8.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	383	2,559	50,959.90	19.91	.546	133.05	10.87
MEDICAL	25	30	1,291.11	43.04	.006	51.64	.28
SURGERY	12	14	1,122.36	80.17	.003	93.53	.24
PATHOLOGY	51	324	2,345.25	7.24	.069	45.99	.50
RADIOLOGY	40	48	1,821.07	37.94	.010	45.53	.39
ROOM USE	92	161	7,155.72	44.45	.034	77.78	1.53
CROSSOVERS/ALL OTH OUTPTNT	301	1,982	37,224.39	18.78	.423	123.67	7.94
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	33	825	\$ 92,756.11	\$ 112.43	.176	\$ 2810.79	\$ 19.78
LEV A-INTERMEDIATE	1	38	3,215.56	84.62	.008	3215.56	.69

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	33	787	89,540.55	113.77	.168	2713.35	19.09
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	105	496	\$ 81,521.62	\$ 164.36	.106	\$ 776.40	\$ 17.38
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	105	496	81,521.62	164.36	.106	776.40	17.38
@REHABILITATION FACILITY	21	81	\$ 2,703.89	\$ 33.38	.017	\$ 128.76	\$.58
HOSPITAL BASED	12	59	2,180.71	36.96	.013	181.73	.46
INDEPENDENT FACILITY	9	22	523.18	23.78	.005	58.13	.11
@LABORATORY FACILITY	44	231	\$ 2,091.81	\$ 9.06	.049	\$ 47.54	\$.45
PATHOLOGY	41	228	2,067.31	9.07	.049	50.42	.44
XO AND OTHERS	3	3	24.50	8.17	.001	8.17	.01
@ORGANIZED OUTPATIENT CLINIC	30	64	\$ 3,660.71	\$ 57.20	.014	\$ 122.02	\$.78
CLINIC	12	29	1,745.05	60.17	.006	145.42	.37
SURGICENTER	8	23	1,596.03	69.39	.005	199.50	.34
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	10	12	319.63	26.64	.003	31.96	.07
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4,690 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,367	318,985	\$ 608,033.57	\$ 1.91	68.014	\$ 444.79	\$ 129.64
DURABLE MED. EQUIP.	131	613	85,895.01	140.12	.131	655.69	18.31
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	644.27	644.27	.000	644.27	.14
MEDICAL TRANSPORTATION	385	41,469	160,744.25	3.88	8.842	417.52	34.27
AMBULANCES/AIR TRANS	19	158	3,205.74	20.29	.034	168.72	.68
OTHER TRANS	274	39,908	148,931.42	3.73	8.509	543.55	31.76
OTHER SERVICES	115	1,403	8,607.09	6.13	.299	74.84	1.84
ACUPUNCTURE	7	26	454.15	17.47	.006	64.88	.10
ADULT DAY HEALTH CARE CTR	142	2,028	135,303.73	66.72	.432	952.84	28.85
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	40	329	22,416.78	68.14	.070	560.42	4.78
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	88	203	2,674.26	13.17	.043	30.39	.57
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	23	58	3,963.17	68.33	.012	172.31	.85
PROSTHETICS	22	57	3,941.62	69.15	.012	179.16	.84
ORTHOTICS	1	1	21.55	21.55	.000	21.55	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	30	108	4,161.63	38.53	.023	138.72	.89
HOSPICE SERVICES	0	0	76.40	.00	.000	.00	.02
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	46	1,972	9,692.18	4.91	.420	210.70	2.07
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	756	272,178		182,007.74		.67	58.034	240.75	38.81
@CALIF. CHILDREN SERVICES*	59	504	\$	79,266.58	\$	157.27	.107	\$ 1343.50	\$ 16.90
@XOVER EXCLUDING STATE HOSP**	1,441	40,164	\$	267,611.09	\$	6.66	8.564	\$ 185.71	\$ 57.06

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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	11,881 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	9,445	1,196,700	\$	5,576,333.11	\$ 4.66	100.724	\$ 590.40	\$ 469.35
@PHYSICIANS SERVICES	1,704	6,300	\$	79,947.59	\$ 12.69	.530	\$ 46.92	\$ 6.73
OUTPATIENT VISITS	171	290		10,194.22	35.15	.024	59.62	.86
OFFICE VISITS	108	180		5,588.11	31.05	.015	51.74	.47
HOME VISITS	1	1		34.30	34.30	.000	34.30	.00
EMERGENCY ROOM	44	51		3,114.70	61.07	.004	70.79	.26
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	47	58		1,457.11	25.12	.005	31.00	.12
INPATIENT VISITS	20	94		3,846.49	40.92	.008	192.32	.32
HOSPITAL VISITS	17	90		3,633.49	40.37	.008	213.73	.31
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	3	4		213.00	53.25	.000	71.00	.02
OPHTHALMOLOGICAL SERVICES	6	6		301.34	50.22	.001	50.22	.03
EXAMINATIONS	6	6		301.34	50.22	.001	50.22	.03
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	7	40		2,246.06	56.15	.003	320.87	.19
PRINCIPAL SURGEON	3	6		1,411.35	235.23	.001	470.45	.12
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	34		834.71	24.55	.003	166.94	.07
OUTPATIENT SURGERY	27	88		5,133.89	58.34	.007	190.14	.43
PRINCIPAL SURGEON	18	26		3,473.11	133.58	.002	192.95	.29
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	12	62		1,660.78	26.79	.005	138.40	.14
DIALYSIS	5	42		1,571.70	37.42	.004	314.34	.13
PATHOLOGY	31	71		919.40	12.95	.006	29.66	.08
RADIOLOGY	60	106		2,919.90	27.55	.009	48.67	.25
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	20	27		800.82	29.66	.002	40.04	.07
OTHER SERVICES/ALL X-OVERS	1,538	5,536		52,013.77	9.40	.466	33.82	4.38
@PHARMACY	8,241	634,486	\$	2,780,948.65	\$ 4.38	53.403	\$ 337.45	\$ 234.07
PRESCRIPTION DRUGS	7,869	40,374		2,522,593.95	62.48	3.398	320.57	212.32
SNF/ICF	337	2,316		112,296.54	48.49	.195	333.22	9.45
OUTPATIENTS	7,663	38,058		2,410,297.41	63.33	3.203	314.54	202.87
MEDICAL SUPPLIES	1,902	594,112		258,354.70	.43	50.005	135.83	21.75
@DENTIST	504	2,127	\$	101,976.30	\$ 47.94	.179	\$ 202.33	\$ 8.58
VISITS - DIAGNOSTIC	331	1,328		16,013.50	12.06	.112	48.38	1.35
ORAL SURGERY	65	185		9,038.49	48.86	.016	139.05	.76
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	1	3		100.00	33.33	.000	100.00	.01
PERIODONTICS	31	46		6,815.00	148.15	.004	219.84	.57
ENDODONTICS	16	24		5,465.00	227.71	.002	341.56	.46
RESTORATIVE DENTISTRY	116	262		26,956.41	102.89	.022	232.38	2.27
PROSTHETICS	7	7		190.00	27.14	.001	27.14	.02

DENTURES, STAYPLATES	96	257	35,973.00	139.97	.022	374.72	3.03
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	1,400.00	1400.00	.000	1400.00	.12
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	9	14	24.90	1.78	.001	2.77	.00

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11,881 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	134	375	\$ 8,230.53	\$ 21.95	.032	\$ 61.42	\$.69
DIAGNOSTIC AND ANC. PROCED	46	46	2,082.82	45.28	.004	45.28	.18
EYE APPLIANCES	108	305	5,895.60	19.33	.026	54.59	.50
OTHER OPTOMETRIC SERVICES	14	24	252.11	10.50	.002	18.01	.02
@CHIROPRACTOR	1	1	\$ 3.96	\$ 3.96	.000	\$ 3.96	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	3.96	3.96	.000	3.96	.00
@PODIATRIST	322	676	\$ 7,577.58	\$ 11.21	.057	\$ 23.53	\$.64
MEDICINE/INJECTIONS	4	5	166.20	33.24	.000	41.55	.01
SURGERY/ANES.	1	1	9.00	9.00	.000	9.00	.00
RADIO./PATHOLOGY	1	1	17.30	17.30	.000	17.30	.00
OTHER	319	669	7,385.08	11.04	.056	23.15	.62
@HOME HEALTH AGENCY	11	40	\$ 2,831.67	\$ 70.79	.003	\$ 257.42	\$.24
NURSE ANESTHESIST	12	168	\$ 392.98	\$ 2.34	.014	\$ 32.75	\$.03
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	8	17	\$ 403.97	\$ 23.76	.001	\$ 50.50	\$.03
@TOTAL HOSPITAL	748	5,374	\$ 344,895.44	\$ 64.18	.452	\$ 461.09	\$ 29.03
HOSP INPATIENT TOTAL	92	715	264,801.56	370.35	.060	2878.28	22.29
HSC HOSPITALS	16	124	124,526.77	1004.25	.010	7782.92	10.48

NON-HSC HOSPITAL TOTAL	5	101	69,125.16	684.41	.009	13825.03	5.82
ACCOMMODATIONS	5	101	28,460.32	281.79	.009	5692.06	2.40
ADMINISTRATIVE DAYS	2	92	20,755.41	225.60	.008	10377.71	1.75
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	9	7,704.91	856.10	.001	2568.30	.65
ANCILLARIES	5	0	40,664.84	.00	.000	8132.97	3.42
INPATIENT CROSSOVERS	72	490	71,149.63	145.20	.041	988.19	5.99
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	669	4,659	80,093.88	17.19	.392	119.72	6.74
MEDICAL	27	32	1,342.31	41.95	.003	49.72	.11
SURGERY	12	14	1,122.36	80.17	.001	93.53	.09
PATHOLOGY	56	379	2,774.87	7.32	.032	49.55	.23
RADIOLOGY	42	51	1,862.66	36.52	.004	44.35	.16
ROOM USE	97	168	7,379.82	43.93	.014	76.08	.62
CROSSOVERS/ALL OTH OUTPTNT	580	4,015	65,611.86	16.34	.338	113.12	5.52
@COUNTY HOSPITAL TOTAL	1	5	\$ 5,975.00	\$ 1195.00	.000	\$ 5975.00	\$.50
CO HOSPITAL INPATIENT TOTAL	1	5	5,975.00	1195.00	.000	5975.00	.50
HSC HOSPITALS	1	5	5,975.00	1195.00	.000	5975.00	.50
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT

	11,881 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	747	5,369	\$	338,920.44	\$ 63.13	.452	\$ 453.71	\$ 28.53
COMM HOSP INPATIENT TOTAL	91	710		258,826.56	364.54	.060	2844.25	21.78
HSC HOSPITALS	15	119		118,551.77	996.23	.010	7903.45	9.98
NON-HSC HOSPITALS TOTAL	5	101		69,125.16	684.41	.009	13825.03	5.82
ACCOMMODATIONS	5	101		28,460.32	281.79	.009	5692.06	2.40
ADMINISTRATIVE DAYS	2	92		20,755.41	225.60	.008	10377.71	1.75
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	9		7,704.91	856.10	.001	2568.30	.65
ANCILLARIES	5	0		40,664.84	.00	.000	8132.97	3.42
INPATIENT CROSSOVERS	72	490		71,149.63	145.20	.041	988.19	5.99
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	669	4,659		80,093.88	17.19	.392	119.72	6.74
MEDICAL	27	32		1,342.31	41.95	.003	49.72	.11
SURGERY	12	14		1,122.36	80.17	.001	93.53	.09
PATHOLOGY	56	379		2,774.87	7.32	.032	49.55	.23
RADIOLOGY	42	51		1,862.66	36.52	.004	44.35	.16
ROOM USE	97	168		7,379.82	43.93	.014	76.08	.62

CROSSOVERS/ALL OTH OUTPTNT	580	4,015		65,611.86	16.34	.338	113.12	5.52
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	263	5,743	\$	790,460.73	\$ 137.64	.483	\$ 3005.55	\$ 66.53
LEV A-INTERMEDIATE	1	38		3,215.56	84.62	.003	3215.56	.27
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	263	5,705		787,245.17	137.99	.480	2993.33	66.26
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	163	586	\$	121,527.44	\$ 207.38	.049	\$ 745.57	\$ 10.23
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	163	586		121,527.44	207.38	.049	745.57	10.23
@REHABILITATION FACILITY	21	81	\$	2,703.89	\$ 33.38	.007	\$ 128.76	\$.23
HOSPITAL BASED	12	59		2,180.71	36.96	.005	181.73	.18
INDEPENDENT FACILITY	9	22		523.18	23.78	.002	58.13	.04
@LABORATORY FACILITY	54	333	\$	2,380.76	\$ 7.15	.028	\$ 44.09	\$.20
PATHOLOGY	46	247		2,346.73	9.50	.021	51.02	.20
XO AND OTHERS	8	86		34.03	.40	.007	4.25	.00
@ORGANIZED OUTPATIENT CLINIC	69	132	\$	8,207.81	\$ 62.18	.011	\$ 118.95	\$.69
CLINIC	18	39		3,610.13	92.57	.003	200.56	.30
SURGICENTER	10	25		1,847.99	73.92	.002	184.80	.16
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	41	68		2,749.69	40.44	.006	67.07	.23
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 10,104
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT							

		----- MONTHLY AVERAGE -----						
11,881 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	3,276	540,261	\$ 1,323,843.81	\$ 2.45	45.473	\$ 404.10	\$ 111.43	
DURABLE MED. EQUIP.	200	796	126,061.33	158.37	.067	630.31	10.61	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	13	15	4,831.38	322.09	.001	371.64	.41	
MEDICAL TRANSPORTATION	869	58,368	239,292.78	4.10	4.913	275.37	20.14	
AMBULANCES/AIR TRANS	33	211	4,507.78	21.36	.018	136.60	.38	
OTHER TRANS	592	54,788	213,706.45	3.90	4.611	360.99	17.99	
OTHER SERVICES	297	3,369	21,078.55	6.26	.284	70.97	1.77	
ACUPUNCTURE	7	26	454.15	17.47	.002	64.88	.04	
ADULT DAY HEALTH CARE CTR	422	5,739	381,971.60	66.56	.483	905.15	32.15	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	437	6,128	267,798.68	43.70	.516	612.81	22.54	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	162	380	5,020.95	13.21	.032	30.99	.42	
PHYSICAL THERAPIST	1	2	20.00	10.00	.000	20.00	.00	
PORTABLE X-RAY	1	1	.65	.65	.000	.65	.00	
PROSTHETIST/ORTHOTISTS	37	90	4,502.43	50.03	.008	121.69	.38	
PROSTHETICS	36	89	4,480.88	50.35	.007	124.47	.38	
ORTHOTICS	1	1	21.55	21.55	.000	21.55	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	68	170	12,376.64	72.80	.014	182.01	1.04	

HOSPICE SERVICES	2	18	1,994.84	110.82	.002	997.42	.17
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	46	1,972	9,692.18	4.91	.166	210.70	.82
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,706	466,556	269,826.20	.58	39.269	158.16	22.71
@CALIF. CHILDREN SERVICES*	59	504	\$ 79,266.58	\$ 157.27	.042	\$ 1343.50	\$ 6.67
@XOVER EXCLUDING STATE HOSP**	3,302	69,015	\$ 574,379.16	\$ 8.32	5.809	\$ 173.95	\$ 48.34

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 10,105
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED	

121,231 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	87,024	6,728,981	\$ 37,627,644.22	\$ 5.59	55.505	\$ 432.38	\$ 310.38
@PHYSICIANS SERVICES	22,813	67,753	\$ 1,393,071.10	\$ 20.56	.559	\$ 61.06	\$ 11.49
OUTPATIENT VISITS	4,958	6,844	226,752.80	33.13	.056	45.73	1.87
OFFICE VISITS	4,689	6,330	198,817.23	31.41	.052	42.40	1.64
HOME VISITS	1	1	34.30	34.30	.000	34.30	.00
EMERGENCY ROOM	298	323	23,747.88	73.52	.003	79.69	.20
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	140	190	4,153.39	21.86	.002	29.67	.03
INPATIENT VISITS	251	1,216	55,707.66	45.81	.010	221.94	.46
HOSPITAL VISITS	219	1,130	48,772.68	43.16	.009	222.71	.40
CRITICAL CARE	17	48	5,836.80	121.60	.000	343.34	.05
SNF/ICF/TRANS IP CARE	29	38	1,098.18	28.90	.000	37.87	.01
OPHTHALMOLOGICAL SERVICES	209	230	9,518.10	41.38	.002	45.54	.08
EXAMINATIONS	183	203	8,978.10	44.23	.002	49.06	.07
SERVICES AND MATERIALS	26	27	540.00	20.00	.000	20.77	.00
INPATIENT HOSPITAL SURGERY	103	548	54,811.08	100.02	.005	532.15	.45
PRINCIPAL SURGEON	62	98	39,731.46	405.42	.001	640.83	.33
ASSISTANT SURGEON	16	16	4,172.54	260.78	.000	260.78	.03
ANESTHESIOLOGIST	46	434	10,907.08	25.13	.004	237.11	.09
OUTPATIENT SURGERY	395	853	127,504.93	149.48	.007	322.80	1.05
PRINCIPAL SURGEON	349	475	116,455.59	245.17	.004	333.68	.96
ASSISTANT SURGEON	4	4	552.12	138.03	.000	138.03	.00
ANESTHESIOLOGIST	76	374	10,497.22	28.07	.003	138.12	.09
DIALYSIS	16	71	4,297.80	60.53	.001	268.61	.04
PATHOLOGY	1,095	1,798	14,770.62	8.22	.015	13.49	.12
RADIOLOGY	1,143	2,173	98,876.02	45.50	.018	86.51	.82
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	316	905	15,769.53	17.42	.007	49.90	.13
OTHER SERVICES/ALL X-OVERS	18,284	53,115	785,062.56	14.78	.438	42.94	6.48
@PHARMACY	72,477	1,767,583	\$ 15,905,569.29	\$ 9.00	14.580	\$ 219.46	\$ 131.20
PRESCRIPTION DRUGS	71,419	282,973	15,202,077.88	53.72	2.334	212.86	125.40
SNF/ICF	2,119	12,428	582,001.70	46.83	.103	274.66	4.80
OUTPATIENTS	69,711	270,545	14,620,076.18	54.04	2.232	209.72	120.60
MEDICAL SUPPLIES	6,374	1,484,610	703,491.41	.47	12.246	110.37	5.80
@DENTIST	6,231	26,466	\$ 1,352,076.45	\$ 51.09	.218	\$ 216.99	\$ 11.15
VISITS - DIAGNOSTIC	3,794	15,492	193,723.02	12.50	.128	51.06	1.60
ORAL SURGERY	1,159	2,835	136,550.32	48.17	.023	117.82	1.13

DRUGS	2	2	65.00	32.50	.000	32.50	.00
ANESTHESIA	4	6	300.00	50.00	.000	75.00	.00
PERIODONTICS	417	427	71,915.00	168.42	.004	172.46	.59
ENDODONTICS	315	489	114,315.50	233.77	.004	362.91	.94
RESTORATIVE DENTISTRY	1,212	2,904	291,321.60	100.32	.024	240.36	2.40
PROSTHETICS	103	112	3,365.00	30.04	.001	32.67	.03
DENTURES, STAYPLATES	1,620	4,167	540,259.97	129.65	.034	333.49	4.46
SPACE MAINTAINERS	1	1	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	3	86.04	28.68	.000	86.04	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	25	28	175.00	6.25	.000	7.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

121,231 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2,850	10,077	\$ 196,389.26	\$ 19.49	.083	\$ 68.91	\$ 1.62
DIAGNOSTIC AND ANC. PROCED	1,083	1,100	50,447.68	45.86	.009	46.58	.42
EYE APPLIANCES	2,431	8,604	138,193.32	16.06	.071	56.85	1.14
OTHER OPTOMETRIC SERVICES	232	373	7,748.26	20.77	.003	33.40	.06
@CHIROPRACTOR	18	31	\$ 353.62	\$ 11.41	.000	\$ 19.65	\$.00
VISITS	2	6	100.32	16.72	.000	50.16	.00
OTHER SERVICES	16	25	253.30	10.13	.000	15.83	.00
@PODIATRIST	2,192	3,745	\$ 48,474.66	\$ 12.94	.031	\$ 22.11	\$.40
MEDICINE/INJECTIONS	148	175	4,867.09	27.81	.001	32.89	.04
SURGERY/ANES.	26	33	455.74	13.81	.000	17.53	.00
RADIO./PATHOLOGY	3	5	86.50	17.30	.000	28.83	.00
OTHER	2,045	3,532	43,065.33	12.19	.029	21.06	.36
@HOME HEALTH AGENCY	110	1,028	\$ 73,327.44	\$ 71.33	.008	\$ 666.61	\$.60
NURSE ANESTHESIST	107	743	\$ 4,241.95	\$ 5.71	.006	\$ 39.64	\$.03
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	7	9	\$ 228.36	\$ 25.37	.000	\$ 32.62	\$.00
@TOTAL HOSPITAL	6,219	38,557	\$ 6,393,656.34	\$ 165.82	.318	\$ 1028.08	\$ 52.74
HOSP INPATIENT TOTAL	1,299	7,744	5,821,213.13	751.71	.064	4481.30	48.02
HSC HOSPITALS	912	5,129	5,359,402.27	1044.92	.042	5876.54	44.21
NON-HSC HOSPITAL TOTAL	54	219	197,835.36	903.36	.002	3663.62	1.63
ACCOMMODATIONS	53	219	79,730.46	364.07	.002	1504.35	.66
ADMINISTRATIVE DAYS	33	144	27,489.10	190.90	.001	833.00	.23
TRANSITIONAL IP CARE	0	0	125.86	.00	.000	.00	.00
ALL OTHER ACCOM	20	75	52,115.50	694.87	.001	2605.78	.43
ANCILLARIES	52	0	118,104.90	.00	.000	2271.25	.97
INPATIENT CROSSOVERS	357	2,396	263,975.51	110.17	.020	739.43	2.18
ALL OTHER INPATIENT	0	0	.01CR	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5,086	30,813	572,443.21	18.58	.254	112.55	4.72
MEDICAL	208	269	12,645.50	47.01	.002	60.80	.10
SURGERY	105	117	7,895.02	67.48	.001	75.19	.07
PATHOLOGY	350	2,021	17,513.95	8.67	.017	50.04	.14
RADIOLOGY	276	506	41,094.92	81.22	.004	148.89	.34
ROOM USE	484	750	35,332.53	47.11	.006	73.00	.29
CROSSOVERS/ALL OTH OUTPTNT	4,603	27,150	457,961.29	16.87	.224	99.49	3.78
@COUNTY HOSPITAL TOTAL	19	96	\$ 2,899.19	\$ 30.20	.001	\$ 152.59	\$.02
CO HOSPITAL INPATIENT TOTAL	1	1	1,120.00	1120.00	.000	1120.00	.01
HSC HOSPITALS	1	1	1,120.00	1120.00	.000	1120.00	.01

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	18	95	1,779.19	18.73	.001	98.84	.01
MEDICAL	7	20	803.23	40.16	.000	114.75	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	36	287.45	7.98	.000	95.82	.00
RADIOLOGY	2	3	61.56	20.52	.000	30.78	.00
ROOM USE	5	6	205.63	34.27	.000	41.13	.00
CROSSOVERS/ALL OTH OUTPTNT	10	30	421.32	14.04	.000	42.13	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

					----- MONTHLY AVERAGE -----		
121,231 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6,201	38,461	\$ 6,390,757.15	\$ 166.16	.317	\$ 1030.60	\$ 52.72
COMM HOSP INPATIENT TOTAL	1,299	7,743	5,820,093.13	751.66	.064	4480.44	48.01
HSC HOSPITALS	911	5,128	5,358,282.27	1044.91	.042	5881.76	44.20
NON-HSC HOSPITALS TOTAL	54	219	197,835.36	903.36	.002	3663.62	1.63
ACCOMMODATIONS	53	219	79,730.46	364.07	.002	1504.35	.66
ADMINISTRATIVE DAYS	33	144	27,489.10	190.90	.001	833.00	.23
TRANSITIONAL IP CARE	0	0	125.86	.00	.000	.00	.00
ALL OTHER ACCOM	20	75	52,115.50	694.87	.001	2605.78	.43
ANCILLARIES	52	0	118,104.90	.00	.000	2271.25	.97
INPATIENT CROSSOVERS	357	2,396	263,975.51	110.17	.020	739.43	2.18
ALL OTHER INPATIENT	0	0	.01CR	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	5,068	30,718		570,664.02		18.58	.253	112.60	4.71
MEDICAL	201	249		11,842.27		47.56	.002	58.92	.10
SURGERY	105	117		7,895.02		67.48	.001	75.19	.07
PATHOLOGY	347	1,985		17,226.50		8.68	.016	49.64	.14
RADIOLOGY	274	503		41,033.36		81.58	.004	149.76	.34
ROOM USE	479	744		35,126.90		47.21	.006	73.33	.29
CROSSOVERS/ALL OTH OUTPTNT	4,593	27,120		457,539.97		16.87	.224	99.62	3.77
@STATE HOSPITAL	0	0	\$	21.38	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		21.38		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	2,148	52,741	\$	6,869,379.78	\$	130.25	.435	3198.04	56.66
LEV A-INTERMEDIATE	25	696		50,673.20		72.81	.006	2026.93	.42
LEV B-REHAB MD	13	373		45,106.89		120.93	.003	3469.76	.37
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	13	495		260,915.73		527.10	.004	20070.44	2.15
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	2,110	51,177		6,512,683.96		127.26	.422	3086.58	53.72
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	451	1,624	\$	365,094.76	\$	224.81	.013	809.52	3.01
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	451	1,624		365,094.76		224.81	.013	809.52	3.01
@REHABILITATION FACILITY	7	12	\$	435.50	\$	36.29	.000	62.21	.00
HOSPITAL BASED	7	12		435.50		36.29	.000	62.21	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	1,627	6,375	\$	72,217.34	\$	11.33	.053	44.39	.60
PATHOLOGY	1,477	5,992		69,392.12		11.58	.049	46.98	.57
XO AND OTHERS	150	383		2,825.22		7.38	.003	18.83	.02
@ORGANIZED OUTPATIENT CLINIC	852	2,157	\$	132,490.08	\$	61.42	.018	155.50	1.09
CLINIC	171	597		16,226.64		27.18	.005	94.89	.13
SURGICENTER	365	1,006		80,083.15		79.61	.008	219.41	.66
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	320	554		36,180.29		65.31	.005	113.06	.30

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

					----- MONTHLY AVERAGE -----			
121,231 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	20,170	4,750,080	\$ 4,820,616.91	\$ 1.01	39.182	\$ 239.00	\$ 39.76	
DURABLE MED. EQUIP.	767	1,680	257,851.00	153.48	.014	336.18	2.13	
BLOOD BANK	1	20	496.00	24.80	.000	496.00	.00	
HEARING AID DISPENSERS	166	207	45,044.88	217.61	.002	271.35	.37	
MEDICAL TRANSPORTATION	3,361	118,432	542,638.79	4.58	.977	161.45	4.48	
AMBULANCES/AIR TRANS	266	2,030	35,672.62	17.57	.017	134.11	.29	
OTHER TRANS	1,498	99,486	382,373.05	3.84	.821	255.26	3.15	
OTHER SERVICES	1,790	16,916	124,593.12	7.37	.140	69.61	1.03	
ACUPUNCTURE	2,331	5,919	103,893.50	17.55	.049	44.57	.86	
ADULT DAY HEALTH CARE CTR	1,876	25,027	1,672,735.64	66.84	.206	891.65	13.80	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	1,156	12,696	621,723.32	48.97	.105	537.82	5.13	
OCCUPATIONAL THERAPIST	1	4	84.76	21.19	.000	84.76	.00	
OPTICIAN	3,122	8,073	98,191.06	12.16	.067	31.45	.81	
PHYSICAL THERAPIST	5	14	169.03	12.07	.000	33.81	.00	

PORTABLE X-RAY	21	34	81.25	2.39	.000	3.87	.00
PROSTHETIST/ORTHOTISTS	526	1,123	43,258.59	38.52	.009	82.24	.36
PROSTHETICS	447	1,012	34,239.98	33.83	.008	76.60	.28
ORTHOTICS	92	111	9,018.61	81.25	.001	98.03	.07
PSYCHOLOGIST	4	5	81.02	16.20	.000	20.26	.00
SPEECH AND AUDIOLOGY	549	1,268	131,448.99	103.67	.010	239.43	1.08
HOSPICE SERVICES	124	3,092	413,330.60	133.68	.026	3333.31	3.41
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	13	120.50	9.27	.000	30.13	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9,209	4,572,473	889,467.98	.19	37.717	96.59	7.34
@CALIF. CHILDREN SERVICES*	2	1	\$ 118.13	\$ 118.13	.000	\$ 59.07	\$.00
@XOVER EXCLUDING STATE HOSP**	26,619	346,993	\$ 2,770,549.86	\$ 7.98	2.862	\$ 104.08	\$ 22.85

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 10,109
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND	

11,763 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	8,766	770,042	\$ 6,213,945.46	\$ 8.07	65.463	\$ 708.87	\$ 528.26
@PHYSICIANS SERVICES	3,177	10,071	\$ 335,341.35	\$ 33.30	.856	\$ 105.55	\$ 28.51
OUTPATIENT VISITS	1,655	2,438	84,716.90	34.75	.207	51.19	7.20
OFFICE VISITS	1,253	1,730	55,123.54	31.86	.147	43.99	4.69
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	253	304	17,873.11	58.79	.026	70.64	1.52
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	15	29	1,986.25	68.49	.002	132.42	.17
OTHER OUTPATIENT	284	375	9,734.00	25.96	.032	34.27	.83
INPATIENT VISITS	162	704	31,354.97	44.54	.060	193.55	2.67
HOSPITAL VISITS	114	610	26,453.24	43.37	.052	232.05	2.25
CRITICAL CARE	5	15	2,380.12	158.67	.001	476.02	.20
SNF/ICF/TRANS IP CARE	58	79	2,521.61	31.92	.007	43.48	.21
OPHTHALMOLOGICAL SERVICES	195	239	9,062.88	37.92	.020	46.48	.77
EXAMINATIONS	192	236	9,002.88	38.15	.020	46.89	.77
SERVICES AND MATERIALS	3	3	60.00	20.00	.000	20.00	.01
INPATIENT HOSPITAL SURGERY	46	193	17,761.77	92.03	.016	386.13	1.51
PRINCIPAL SURGEON	37	46	14,148.40	307.57	.004	382.39	1.20
ASSISTANT SURGEON	3	3	344.54	114.85	.000	114.85	.03
ANESTHESIOLOGIST	17	144	3,268.83	22.70	.012	192.28	.28
OUTPATIENT SURGERY	191	531	63,130.41	118.89	.045	330.53	5.37
PRINCIPAL SURGEON	153	202	53,133.77	263.04	.017	347.28	4.52
ASSISTANT SURGEON	4	4	953.84	238.46	.000	238.46	.08
ANESTHESIOLOGIST	59	325	9,042.80	27.82	.028	153.27	.77
DIALYSIS	56	396	16,020.62	40.46	.034	286.08	1.36
PATHOLOGY	228	408	3,608.56	8.84	.035	15.83	.31
RADIOLOGY	448	935	42,788.99	45.76	.079	95.51	3.64
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	102	151	7,710.78	51.06	.013	75.60	.66
OTHER SERVICES/ALL X-OVERS	1,426	4,076	59,185.47	14.52	.347	41.50	5.03
@PHARMACY	6,982	196,901	\$ 2,230,630.53	\$ 11.33	16.739	\$ 319.48	\$ 189.63
PRESCRIPTION DRUGS	6,815	29,789	2,029,710.70	68.14	2.532	297.83	172.55

SNF/ICF	176	1,199	71,331.94	59.49	.102	405.30	6.06
OUTPATIENTS	6,675	28,590	1,958,378.76	68.50	2.431	293.39	166.49
MEDICAL SUPPLIES	1,180	167,112	200,919.83	1.20	14.207	170.27	17.08
@DENTIST	694	2,985	\$ 121,584.70	\$ 40.73	.254	\$ 175.19	\$ 10.34
VISITS - DIAGNOSTIC	471	2,003	26,413.20	13.19	.170	56.08	2.25
ORAL SURGERY	101	217	9,758.00	44.97	.018	96.61	.83
DRUGS	1	1	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.01
PERIODONTICS	50	61	11,324.00	185.64	.005	226.48	.96
ENDODONTICS	38	53	12,489.00	235.64	.005	328.66	1.06
RESTORATIVE DENTISTRY	173	390	35,293.00	90.49	.033	204.01	3.00
PROSTHETICS	10	10	270.00	27.00	.001	27.00	.02
DENTURES, STAYPLATES	85	243	25,937.50	106.74	.021	305.15	2.21
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	5	6	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024
SACRAMENTO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

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01/17/03

11,763 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	151	496	\$ 10,937.65	\$ 22.05	.042	\$ 72.43	\$.93
DIAGNOSTIC AND ANC. PROCED	64	67	2,970.94	44.34	.006	46.42	.25
EYE APPLIANCES	123	413	7,617.29	18.44	.035	61.93	.65
OTHER OPTOMETRIC SERVICES	10	16	349.42	21.84	.001	34.94	.03
@CHIROPRACTOR	19	40	\$ 656.26	\$ 16.41	.003	\$ 34.54	\$.06
VISITS	19	40	656.26	16.41	.003	34.54	.06
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	246	449	\$ 7,117.96	\$ 15.85	.038	\$ 28.93	\$.61
MEDICINE/INJECTIONS	62	87	2,180.42	25.06	.007	35.17	.19
SURGERY/ANES.	7	10	221.24	22.12	.001	31.61	.02
RADIO./PATHOLOGY	2	3	51.90	17.30	.000	25.95	.00
OTHER	184	349	4,664.40	13.37	.030	25.35	.40
@HOME HEALTH AGENCY	130	9,469	\$ 305,325.70	\$ 32.24	.805	\$ 2348.66	\$ 25.96
NURSE ANESTHESIST	9	26	\$ 476.01	\$ 18.31	.002	\$ 52.89	\$.04
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	14	23	\$ 600.93	\$ 26.13	.002	\$ 42.92	\$.05
@TOTAL HOSPITAL	1,327	9,111	\$ 1,204,177.47	\$ 132.17	.775	\$ 907.44	\$ 102.37
HOSP INPATIENT TOTAL	159	1,042	1,014,899.44	973.99	.089	6383.02	86.28
HSC HOSPITALS	126	761	834,785.29	1096.96	.065	6625.28	70.97
NON-HSC HOSPITAL TOTAL	12	131	164,554.11	1256.14	.011	13712.84	13.99
ACCOMMODATIONS	12	131	50,252.64	383.61	.011	4187.72	4.27
ADMINISTRATIVE DAYS	9	74	15,153.79	204.78	.006	1683.75	1.29
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	57	35,098.85	615.77	.005	7019.77	2.98
ANCILLARIES	12	0	114,301.47	.00	.000	9525.12	9.72
INPATIENT CROSSOVERS	25	150	15,560.04	103.73	.013	622.40	1.32
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,221	8,069	189,278.03	23.46	.686	155.02	16.09
MEDICAL	158	201	11,728.51	58.35	.017	74.23	1.00
SURGERY	89	95	7,333.81	77.20	.008	82.40	.62
PATHOLOGY	340	2,541	19,898.03	7.83	.216	58.52	1.69

RADIOLOGY	203	318	25,047.70	78.77	.027	123.39	2.13
ROOM USE	687	1,139	47,015.41	41.28	.097	68.44	4.00
CROSSOVERS/ALL OTH OUTPTNT	644	3,775	78,254.57	20.73	.321	121.51	6.65
@COUNTY HOSPITAL TOTAL	14	142	\$ 97,493.03	\$ 686.57	.012	\$ 6963.79	\$ 8.29
CO HOSPITAL INPATIENT TOTAL	6	100	96,566.99	965.67	.009	16094.50	8.21
HSC HOSPITALS	6	87	91,176.00	1048.00	.007	15196.00	7.75
NON-HSC HOSPITALS TOTAL	1	13	5,390.99	414.69	.001	5390.99	.46
ACCOMMODATIONS	1	13	3,006.90	231.30	.001	3006.90	.26
ADMINISTRATIVE DAYS	1	13	3,006.90	231.30	.001	3006.90	.26
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	2,384.09	.00	.000	2384.09	.20
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	9	42	926.04	22.05	.004	102.89	.08
MEDICAL	3	3	75.23	25.08	.000	25.08	.01
SURGERY	2	2	28.41	14.21	.000	14.21	.00
PATHOLOGY	3	11	131.32	11.94	.001	43.77	.01
RADIOLOGY	4	5	290.02	58.00	.000	72.51	.02
ROOM USE	5	6	257.72	42.95	.001	51.54	.02
CROSSOVERS/ALL OTH OUTPTNT	5	15	143.34	9.56	.001	28.67	.01
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MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND						

					----- MONTHLY AVERAGE -----			
11,763 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	1,321	8,969	\$ 1,106,684.44	\$ 123.39	.762	\$ 837.76	\$ 94.08	
COMM HOSP INPATIENT TOTAL	153	942	918,332.45	974.88	.080	6002.17	78.07	
HSC HOSPITALS	120	674	743,609.29	1103.28	.057	6196.74	63.22	
NON-HSC HOSPITALS TOTAL	11	118	159,163.12	1348.84	.010	14469.37	13.53	
ACCOMMODATIONS	11	118	47,245.74	400.39	.010	4295.07	4.02	
ADMINISTRATIVE DAYS	8	61	12,146.89	199.13	.005	1518.36	1.03	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	5	57	35,098.85	615.77	.005	7019.77	2.98	
ANCILLARIES	11	0	111,917.38	.00	.000	10174.31	9.51	
INPATIENT CROSSOVERS	25	150	15,560.04	103.73	.013	622.40	1.32	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	1,215	8,027	188,351.99	23.46	.682	155.02	16.01	
MEDICAL	155	198	11,653.28	58.85	.017	75.18	.99	
SURGERY	87	93	7,305.40	78.55	.008	83.97	.62	
PATHOLOGY	338	2,530	19,766.71	7.81	.215	58.48	1.68	
RADIOLOGY	200	313	24,757.68	79.10	.027	123.79	2.10	
ROOM USE	682	1,133	46,757.69	41.27	.096	68.56	3.97	
CROSSOVERS/ALL OTH OUTPTNT	639	3,760	78,111.23	20.77	.320	122.24	6.64	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	168	4,209	\$ 755,359.44	\$ 179.46	.358	\$ 4496.19	\$ 64.21	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	1	27	3,265.11	120.93	.002	3265.11	.28	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	7	395	202,234.99	511.99	.034	28890.71	17.19	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	160	3,787	549,859.34	145.20	.322	3436.62	46.74	
@INTERMEDIATE CARE FACIL.-DD	4	187	\$ 27,658.32	\$ 147.91	.016	\$ 6914.58	\$ 2.35	

ICF DDH	4	187		27,658.32	147.91	.016	6914.58	2.35
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	206	5,417	\$	292,692.31	\$ 54.03	.461	\$ 1420.84	\$ 24.88
HOSPITAL BASED	3	34		6,086.11	179.00	.003	2028.70	.52
HEMODIALYSIS CENTER	204	5,383		286,606.20	53.24	.458	1404.93	24.37
@REHABILITATION FACILITY	112	801	\$	16,568.21	\$ 20.68	.068	\$ 147.93	\$ 1.41
HOSPITAL BASED	17	58		1,472.39	25.39	.005	86.61	.13
INDEPENDENT FACILITY	95	743		15,095.82	20.32	.063	158.90	1.28
@LABORATORY FACILITY	492	2,287	\$	26,776.56	\$ 11.71	.194	\$ 54.42	\$ 2.28
PATHOLOGY	486	2,277		26,720.34	11.73	.194	54.98	2.27
XO AND OTHERS	6	10		56.22	5.62	.001	9.37	.00
@ORGANIZED OUTPATIENT CLINIC	201	452	\$	35,115.27	\$ 77.69	.038	\$ 174.70	\$ 2.99
CLINIC	105	261		17,733.62	67.94	.022	168.89	1.51
SURGICENTER	28	100		6,091.19	60.91	.009	217.54	.52
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	69	91		11,290.46	124.07	.008	163.63	.96

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,112
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 SACRAMENTO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

					----- MONTHLY AVERAGE -----			
11,763 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	2,331	527,118	\$ 842,926.79	\$ 1.60	44.812	\$ 361.62	\$ 71.66	
DURABLE MED. EQUIP.	217	907	112,572.03	124.11	.077	518.77	9.57	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	21	26	4,745.19	182.51	.002	225.96	.40	
MEDICAL TRANSPORTATION	507	44,223	182,906.38	4.14	3.760	360.76	15.55	
AMBULANCES/AIR TRANS	124	1,358	22,907.78	16.87	.115	184.74	1.95	
OTHER TRANS	283	41,534	150,867.25	3.63	3.531	533.10	12.83	
OTHER SERVICES	141	1,331	9,131.35	6.86	.113	64.76	.78	
ACUPUNCTURE	73	207	3,503.50	16.93	.018	47.99	.30	

ADULT DAY HEALTH CARE CTR	112	1,348	90,072.94	66.82	.115	804.22	7.66
GENETIC DISEASE TESTING	6	6	366.00	61.00	.001	61.00	.03
IHMC, MODEL-NF, NF, AIDS, MSSP	150	4,747	149,398.10	31.47	.404	995.99	12.70
OCCUPATIONAL THERAPIST	2	64	293.41	4.58	.005	146.71	.02
OPTICIAN	208	553	14,151.38	25.59	.047	68.04	1.20
PHYSICAL THERAPIST	6	28	548.29	19.58	.002	91.38	.05
PORTABLE X-RAY	4	6	131.55	21.93	.001	32.89	.01
PROSTHETIST/ORTHOTISTS	57	211	18,771.06	88.96	.018	329.32	1.60
PROSTHETICS	54	205	18,376.99	89.64	.017	340.31	1.56
ORTHOTICS	4	6	394.07	65.68	.001	98.52	.03
PSYCHOLOGIST	1	3	69.44	23.15	.000	69.44	.01
SPEECH AND AUDIOLOGY	87	292	19,734.97	67.59	.025	226.84	1.68
HOSPICE SERVICES	11	281	36,487.17	129.85	.024	3317.02	3.10
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	357	33,443	92,866.15	2.78	2.843	260.13	7.89
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	979	440,773	116,309.23	.26	37.471	118.80	9.89
@CALIF. CHILDREN SERVICES*	354	9,970	\$ 395,600.12	\$ 39.68	.848	\$ 1117.51	\$ 33.63
@XOVER EXCLUDING STATE HOSP**	1,897	38,497	\$ 357,712.19	\$ 9.29	3.273	\$ 188.57	\$ 30.41

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,113
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

413,745 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	316,967	13,775,839	\$ 199,822,781.41	\$ 14.51	33.295	\$ 630.42	\$ 482.96
@PHYSICIANS SERVICES	121,841	421,745	\$ 14,177,411.23	\$ 33.62	1.019	\$ 116.36	\$ 34.27
OUTPATIENT VISITS	76,840	113,277	3,886,136.05	34.31	.274	50.57	9.39
OFFICE VISITS	60,956	84,574	2,602,662.07	30.77	.204	42.70	6.29
HOME VISITS	76	112	4,149.98	37.05	.000	54.61	.01
EMERGENCY ROOM	13,054	16,482	949,726.40	57.62	.040	72.75	2.30
PREVENTIVE CARE	9	9	372.21	41.36	.000	41.36	.00
OB VISITS/COMPRE PERI	389	1,193	48,802.41	40.91	.003	125.46	.12
OTHER OUTPATIENT	8,694	10,907	280,422.98	25.71	.026	32.25	.68
INPATIENT VISITS	5,969	32,751	1,587,007.38	48.46	.079	265.87	3.84
HOSPITAL VISITS	4,735	28,276	1,177,955.06	41.66	.068	248.78	2.85
CRITICAL CARE	479	2,414	344,429.07	142.68	.006	719.06	.83
SNF/ICF/TRANS IP CARE	1,254	2,061	64,623.25	31.36	.005	51.53	.16
OPHTHALMOLOGICAL SERVICES	2,055	2,429	96,560.17	39.75	.006	46.99	.23
EXAMINATIONS	1,752	2,123	90,469.26	42.61	.005	51.64	.22
SERVICES AND MATERIALS	306	306	6,090.91	19.90	.001	19.90	.01
INPATIENT HOSPITAL SURGERY	2,491	13,668	1,283,194.71	93.88	.033	515.13	3.10
PRINCIPAL SURGEON	1,828	2,846	971,213.42	341.26	.007	531.30	2.35
ASSISTANT SURGEON	200	218	47,491.85	217.85	.001	237.46	.11
ANESTHESIOLOGIST	996	10,604	264,489.44	24.94	.026	265.55	.64
OUTPATIENT SURGERY	6,353	14,898	1,290,376.48	86.61	.036	203.11	3.12
PRINCIPAL SURGEON	5,398	7,163	1,069,006.50	149.24	.017	198.04	2.58
ASSISTANT SURGEON	56	56	7,866.91	140.48	.000	140.48	.02
ANESTHESIOLOGIST	1,357	7,679	213,503.07	27.80	.019	157.33	.52
DIALYSIS	964	5,471	240,037.14	43.87	.013	249.00	.58
PATHOLOGY	11,374	23,819	294,335.79	12.36	.058	25.88	.71

RADIOLOGY	21,760	44,777		1,976,543.33		44.14	.108	90.83	4.78
PSYCHIATRY	32	55		2,295.38		41.73	.000	71.73	.01
IMMUNIZATION AND INJECTION	4,574	24,057		728,766.66		30.29	.058	159.33	1.76
OTHER SERVICES/ALL X-OVERS	46,203	146,543		2,792,158.14		19.05	.354	60.43	6.75
@PHARMACY	252,605	3,379,201	\$	92,419,291.08	\$	27.35	8.167	\$ 365.86	\$ 223.37
PRESCRIPTION DRUGS	249,801	1,122,860		84,907,539.79		75.62	2.714	339.90	205.22
SNF/ICF	5,044	34,364		2,466,946.95		71.79	.083	489.09	5.96
OUTPATIENTS	245,860	1,088,496		82,440,592.84		75.74	2.631	335.32	199.25
MEDICAL SUPPLIES	21,450	2,256,341		7,511,751.29		3.33	5.453	350.20	18.16
@DENTIST	28,537	133,099	\$	5,680,679.08	\$	42.68	.322	\$ 199.06	\$ 13.73
VISITS - DIAGNOSTIC	18,713	85,542		1,066,008.72		12.46	.207	56.97	2.58
ORAL SURGERY	4,369	10,828		519,616.52		47.99	.026	118.93	1.26
DRUGS	54	57		965.00		16.93	.000	17.87	.00
ANESTHESIA	76	78		7,275.00		93.27	.000	95.72	.02
PERIODONTICS	2,426	2,727		471,499.93		172.90	.007	194.35	1.14
ENDODONTICS	1,824	2,761		633,131.70		229.31	.007	347.11	1.53
RESTORATIVE DENTISTRY	8,350	20,796		1,940,296.61		93.30	.050	232.37	4.69
PROSTHETICS	302	332		12,760.00		38.43	.001	42.25	.03
DENTURES, STAYPLATES	3,108	9,478		1,009,106.51		106.47	.023	324.68	2.44
SPACE MAINTAINERS	11	14		1,296.00		92.57	.000	117.82	.00
MAXILLOFACIAL SERVICES	26	29		3,846.34		132.63	.000	147.94	.01
FRACTURES, DISLOCATIONS	2	3		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	153	188		14,091.85		74.96	.000	92.10	.03
ALL OTHER SERVICES	209	266		784.90		2.95	.001	3.76	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 10,114
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED								

413,745 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	9,659	32,527	\$ 695,594.79	\$ 21.39	.079	\$ 72.02	\$ 1.68
DIAGNOSTIC AND ANC. PROCED	5,556	5,664	256,558.63	45.30	.014	46.18	.62
EYE APPLIANCES	8,142	26,249	426,182.02	16.24	.063	52.34	1.03
OTHER OPTOMETRIC SERVICES	431	614	12,854.14	20.94	.001	29.82	.03
@CHIROPRACTOR	712	1,455	\$ 23,587.12	\$ 16.21	.004	\$ 33.13	\$.06
VISITS	677	1,390	22,881.32	16.46	.003	33.80	.06
OTHER SERVICES	36	65	705.80	10.86	.000	19.61	.00
@PODIATRIST	6,370	11,247	\$ 212,405.23	\$ 18.89	.027	\$ 33.34	\$.51
MEDICINE/INJECTIONS	2,506	2,996	77,548.07	25.88	.007	30.94	.19
SURGERY/ANES.	217	324	13,525.39	41.75	.001	62.33	.03
RADIO./PATHOLOGY	167	224	3,882.62	17.33	.001	23.25	.01
OTHER	3,989	7,703	117,449.15	15.25	.019	29.44	.28
@HOME HEALTH AGENCY	2,343	143,947	\$ 4,989,644.63	\$ 34.66	.348	\$ 2129.60	\$ 12.06
NURSE ANESTHESIST	217	2,218	\$ 8,449.41	\$ 3.81	.005	\$ 38.94	\$.02
NURSE MIDWIFE	15	71	\$ 1,319.27	\$ 18.58	.000	\$ 87.95	\$.00
PEDIATRIC NURSE PRACTITIONER	1	1	\$ 37.50	\$ 37.50	.000	\$ 37.50	\$.00
FAMILY NURSE PRACTITIONER	673	1,452	\$ 34,435.29	\$ 23.72	.004	\$ 51.17	\$.08
@TOTAL HOSPITAL	45,570	318,142	\$ 40,770,854.09	\$ 128.15	.769	\$ 894.69	\$ 98.54
HOSP INPATIENT TOTAL	5,665	37,198	34,096,953.17	916.63	.090	6018.88	82.41
HSC HOSPITALS	4,464	25,952	30,185,088.22	1163.11	.063	6761.89	72.96
NON-HSC HOSPITAL TOTAL	472	3,842	3,034,852.26	789.91	.009	6429.77	7.34
ACCOMMODATIONS	471	3,842	1,456,720.87	379.16	.009	3092.83	3.52
ADMINISTRATIVE DAYS	253	2,901	615,345.45	212.11	.007	2432.20	1.49
TRANSITIONAL IP CARE	0	0	125.85	.00	.000	.00	.00
ALL OTHER ACCOM	224	941	841,249.57	894.00	.002	3755.58	2.03
ANCILLARIES	472	0	1,578,131.39	.00	.000	3343.50	3.81

INPATIENT CROSSOVERS	935	7,404	877,012.69	118.45	.018	937.98	2.12
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	41,972	280,944	6,673,900.92	23.76	.679	159.01	16.13
MEDICAL	7,287	11,163	463,539.14	41.52	.027	63.61	1.12
SURGERY	2,847	3,249	180,601.18	55.59	.008	63.44	.44
PATHOLOGY	14,361	101,761	875,671.46	8.61	.246	60.98	2.12
RADIOLOGY	10,016	16,150	1,309,495.05	81.08	.039	130.74	3.16
ROOM USE	24,656	37,112	1,514,469.86	40.81	.090	61.42	3.66
CROSSOVERS/ALL OTH OUTPTNT	21,305	111,509	2,330,124.23	20.90	.270	109.37	5.63
@COUNTY HOSPITAL TOTAL	391	1,976	\$ 304,112.76	\$ 153.90	.005	\$ 777.78	\$.74
CO HOSPITAL INPATIENT TOTAL	52	284	258,038.90	908.59	.001	4962.29	.62
HSC HOSPITALS	43	213	239,142.02	1122.73	.001	5561.44	.58
NON-HSC HOSPITALS TOTAL	3	5	6,535.78	1307.16	.000	2178.59	.02
ACCOMMODATIONS	3	5	1,452.78	290.56	.000	484.26	.00
ADMINISTRATIVE DAYS	1	1	108.18	108.18	.000	108.18	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	4	1,344.60	336.15	.000	672.30	.00
ANCILLARIES	3	0	5,083.00	.00	.000	1694.33	.01
INPATIENT CROSSOVERS	7	66	12,361.10	187.29	.000	1765.87	.03
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	351	1,692	46,073.86	27.23	.004	131.26	.11
MEDICAL	134	194	7,783.58	40.12	.000	58.09	.02
SURGERY	29	36	1,427.43	39.65	.000	49.22	.00
PATHOLOGY	139	603	7,643.54	12.68	.001	54.99	.02
RADIOLOGY	77	102	7,483.93	73.37	.000	97.19	.02
ROOM USE	225	319	12,949.09	40.59	.001	57.55	.03
CROSSOVERS/ALL OTH OUTPTNT	147	438	8,786.29	20.06	.001	59.77	.02

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

					----- MONTHLY AVERAGE -----			
413,745 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	45,277	316,166	\$ 40,466,741.33	\$ 127.99	.764	\$ 893.76	\$ 97.81	
COMM HOSP INPATIENT TOTAL	5,623	36,914	33,838,914.27	916.70	.089	6017.95	81.79	
HSC HOSPITALS	4,430	25,739	29,945,946.20	1163.45	.062	6759.81	72.38	
NON-HSC HOSPITALS TOTAL	469	3,837	3,028,316.48	789.24	.009	6456.96	7.32	
ACCOMMODATIONS	468	3,837	1,455,268.09	379.27	.009	3109.55	3.52	
ADMINISTRATIVE DAYS	252	2,900	615,237.27	212.15	.007	2441.42	1.49	
TRANSITIONAL IP CARE	0	0	125.85	.00	.000	.00	.00	
ALL OTHER ACCOM	222	937	839,904.97	896.38	.002	3783.36	2.03	
ANCILLARIES	469	0	1,573,048.39	.00	.000	3354.05	3.80	
INPATIENT CROSSOVERS	929	7,338	864,651.59	117.83	.018	930.73	2.09	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	41,699	279,252	6,627,827.06	23.73	.675	158.94	16.02	
MEDICAL	7,163	10,969	455,755.56	41.55	.027	63.63	1.10	
SURGERY	2,818	3,213	179,173.75	55.77	.008	63.58	.43	
PATHOLOGY	14,245	101,158	868,027.92	8.58	.244	60.94	2.10	
RADIOLOGY	9,952	16,048	1,302,011.12	81.13	.039	130.83	3.15	
ROOM USE	24,483	36,793	1,501,520.77	40.81	.089	61.33	3.63	
CROSSOVERS/ALL OTH OUTPTNT	21,188	111,071	2,321,337.94	20.90	.268	109.56	5.61	
@STATE HOSPITAL	22	1,371	\$ 544,850.86	\$ 397.41	.003	\$ 24765.95	\$ 1.32	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	22	1,371	544,850.86	397.41	.003	24765.95	1.32	
@NURSING FACILITY	2,848	77,226	\$ 11,365,183.79	\$ 147.17	.187	\$ 3990.58	\$ 27.47	
LEV A-INTERMEDIATE	67	2,367	177,470.99	74.98	.006	2648.82	.43	

LEV B-REHAB MD	62	1,995		238,803.87		119.70	.005	3851.68	.58
LEV B-SUBACUTE FREESTANDING	10	376		231,336.83		615.26	.001	23133.68	.56
LEV B-SUBACUTE HSPTL BASED	48	1,805		966,208.28		535.30	.004	20129.34	2.34
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	2,667	70,683		9,751,363.82		137.96	.171	3656.30	23.57
@INTERMEDIATE CARE FACIL.-DD	813	24,798	\$	3,485,328.79	\$	140.55	.060	\$ 4287.00	\$ 8.42
ICF DDH	427	13,140		1,957,144.44		148.95	.032	4583.48	4.73
ICF DD	368	11,023		1,418,720.95		128.71	.027	3855.22	3.43
ICF DDN/DDCN	18	635		109,463.40		172.38	.002	6081.30	.26
@HEMODIALYSIS TOTAL	3,313	93,741	\$	4,783,964.75	\$	51.03	.227	\$ 1444.00	\$ 11.56
HOSPITAL BASED	98	2,401		410,807.51		171.10	.006	4191.91	.99
HEMODIALYSIS CENTER	3,215	91,340		4,373,157.24		47.88	.221	1360.24	10.57
@REHABILITATION FACILITY	1,630	12,471	\$	262,126.17	\$	21.02	.030	\$ 160.81	\$.63
HOSPITAL BASED	652	2,506		79,554.08		31.75	.006	122.02	.19
INDEPENDENT FACILITY	984	9,965		182,572.09		18.32	.024	185.54	.44
@LABORATORY FACILITY	25,501	125,908	\$	1,424,078.06	\$	11.31	.304	\$ 55.84	\$ 3.44
PATHOLOGY	25,390	125,575		1,419,662.63		11.31	.304	55.91	3.43
XO AND OTHERS	112	333		4,415.43		13.26	.001	39.42	.01
@ORGANIZED OUTPATIENT CLINIC	8,363	21,138	\$	1,023,692.68	\$	48.43	.051	\$ 122.41	\$ 2.47
CLINIC	4,843	12,114		267,486.51		22.08	.029	55.23	.65
SURGICENTER	704	3,418		140,102.94		40.99	.008	199.01	.34
HEROIN DETOX CLINIC	75	1,054		11,712.78		11.11	.003	156.17	.03
RURAL HEALTH CLINIC	2,789	4,552		604,390.45		132.77	.011	216.71	1.46
#CALIF DEPT OF HEALTH SERV									
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

413,745 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	62,655	8,974,080	\$ 17,919,820.79	\$ 2.00	21.690	\$ 286.01	\$ 43.31
DURABLE MED. EQUIP.	6,265	27,304	3,909,122.52	143.17	.066	623.96	9.45
BLOOD BANK	16	261	4,169.90	15.98	.001	260.62	.01
HEARING AID DISPENSERS	204	258	42,744.98	165.68	.001	209.53	.10
MEDICAL TRANSPORTATION	11,997	617,390	3,043,978.17	4.93	1.492	253.73	7.36
AMBULANCES/AIR TRANS	5,158	46,660	905,555.98	19.41	.113	175.56	2.19
OTHER TRANS	4,114	538,028	1,863,059.82	3.46	1.300	452.86	4.50
OTHER SERVICES	3,295	32,702	275,362.37	8.42	.079	83.57	.67
ACUPUNCTURE	2,156	5,098	89,250.02	17.51	.012	41.40	.22
ADULT DAY HEALTH CARE CTR	2,061	28,424	1,897,884.83	66.77	.069	920.86	4.59
GENETIC DISEASE TESTING	168	170	13,869.00	81.58	.000	82.55	.03
IHMC,MODEL-NF,NF,AIDS,MSSP	1,831	59,923	2,300,126.71	38.38	.145	1256.21	5.56
OCCUPATIONAL THERAPIST	116	2,405	10,483.82	4.36	.006	90.38	.03
OPTICIAN	11,323	27,334	333,329.46	12.19	.066	29.44	.81
PHYSICAL THERAPIST	197	1,112	18,404.40	16.55	.003	93.42	.04
PORTABLE X-RAY	87	222	4,432.65	19.97	.001	50.95	.01
PROSTHETIST/ORTHOTISTS	1,781	4,703	367,281.61	78.10	.011	206.22	.89
PROSTHETICS	1,434	4,201	334,719.55	79.68	.010	233.42	.81
ORTHOTICS	383	502	32,562.06	64.86	.001	85.02	.08
PSYCHOLOGIST	93	220	7,278.16	33.08	.001	78.26	.02
SPEECH AND AUDIOLOGY	4,511	17,576	755,047.69	42.96	.042	167.38	1.82
HOSPICE SERVICES	194	4,337	572,033.99	131.90	.010	2948.63	1.38
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	10,293	229,156	1,837,635.54	8.02	.554	178.53	4.44
EPSDT SUPPLEMENTAL SERVICE	4	1,360	30,192.00	22.20	.003	7548.00	.07
RESPIRATORY CARE PRACT.	1	1	26.80	26.80	.000	26.80	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	17,213	7,946,827		2,682,555.34		.34	19.207	155.84	6.48
@CALIF. CHILDREN SERVICES*	7,556	283,681	\$	15,264,780.89	\$	53.81	.686	\$ 2020.22	\$ 36.89
@XOVER EXCLUDING STATE HOSP**	45,512	479,000	\$	6,332,059.97	\$	13.22	1.158	\$ 139.13	\$ 15.30

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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MOP024 FEE-FOR-SERVICE/DENTAL

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SACRAMENTO COUNTY

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

						----- MONTHLY AVERAGE -----		
150,196 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	116,492	658,302	\$ 27,941,421.20	\$ 42.44	4.383	\$ 239.86	\$ 186.03	
@PHYSICIANS SERVICES	26,508	72,494	\$ 4,047,054.24	\$ 55.83	.483	\$ 152.67	\$ 26.95	
OUTPATIENT VISITS	20,363	27,987	1,077,389.39	38.50	.186	52.91	7.17	
OFFICE VISITS	13,711	17,165	623,504.85	36.32	.114	45.47	4.15	
HOME VISITS	251	301	11,252.98	37.39	.002	44.83	.07	
EMERGENCY ROOM	4,311	4,675	228,333.07	48.84	.031	52.97	1.52	
PREVENTIVE CARE	184	188	7,301.71	38.84	.001	39.68	.05	
OB VISITS/COMPRE PERI	964	3,217	130,681.36	40.62	.021	135.56	.87	
OTHER OUTPATIENT	2,106	2,441	76,315.42	31.26	.016	36.24	.51	
INPATIENT VISITS	1,796	10,053	1,035,975.70	103.05	.067	576.82	6.90	
HOSPITAL VISITS	1,495	5,367	291,142.22	54.25	.036	194.74	1.94	
CRITICAL CARE	516	4,650	743,317.35	159.85	.031	1440.54	4.95	
SNF/ICF/TRANS IP CARE	6	36	1,516.13	42.11	.000	252.69	.01	
OPHTHALMOLOGICAL SERVICES	366	439	19,711.05	44.90	.003	53.86	.13	
EXAMINATIONS	335	408	19,089.61	46.79	.003	56.98	.13	
SERVICES AND MATERIALS	31	31	621.44	20.05	.000	20.05	.00	
INPATIENT HOSPITAL SURGERY	1,244	6,947	766,859.75	110.39	.046	616.45	5.11	
PRINCIPAL SURGEON	818	1,122	592,903.43	528.43	.007	724.82	3.95	
ASSISTANT SURGEON	91	92	19,303.74	209.82	.001	212.13	.13	
ANESTHESIOLOGIST	589	5,733	154,652.58	26.98	.038	262.57	1.03	

OUTPATIENT SURGERY	1,571	4,328		341,780.08		78.97	.029	217.56	2.28
PRINCIPAL SURGEON	1,277	1,600		260,668.98		162.92	.011	204.13	1.74
ASSISTANT SURGEON	8	8		1,630.83		203.85	.000	203.85	.01
ANESTHESIOLOGIST	474	2,720		79,480.27		29.22	.018	167.68	.53
DIALYSIS	4	17		824.28		48.49	.000	206.07	.01
PATHOLOGY	2,389	4,623		68,795.71		14.88	.031	28.80	.46
RADIOLOGY	4,272	8,095		301,471.11		37.24	.054	70.57	2.01
PSYCHIATRY	39	83		2,861.89		34.48	.001	73.38	.02
IMMUNIZATION AND INJECTION	504	907		58,690.69		64.71	.006	116.45	.39
OTHER SERVICES/ALL X-OVERS	3,467	9,015		372,694.59		41.34	.060	107.50	2.48
@PHARMACY	27,221	72,398	\$	4,000,175.99	\$	55.25	.482	\$ 146.95	\$ 26.63
PRESCRIPTION DRUGS	26,925	57,917		3,822,205.98		65.99	.386	141.96	25.45
SNF/ICF	35	143		15,093.18		105.55	.001	431.23	.10
OUTPATIENTS	26,893	57,774		3,807,112.80		65.90	.385	141.57	25.35
MEDICAL SUPPLIES	1,082	14,481		177,970.01		12.29	.096	164.48	1.18
@DENTIST	9,613	53,412	\$	1,359,123.11	\$	25.45	.356	\$ 141.38	\$ 9.05
VISITS - DIAGNOSTIC	7,237	37,042		472,729.89		12.76	.247	65.32	3.15
ORAL SURGERY	1,192	2,185		101,268.80		46.35	.015	84.96	.67
DRUGS	106	125		2,220.00		17.76	.001	20.94	.01
ANESTHESIA	32	32		2,800.00		87.50	.000	87.50	.02
PERIODONTICS	197	216		22,520.00		104.26	.001	114.31	.15
ENDODONTICS	711	1,446		170,866.00		118.16	.010	240.32	1.14
RESTORATIVE DENTISTRY	3,463	11,051		527,326.50		47.72	.074	152.27	3.51
PROSTHETICS	35	38		1,090.00		28.68	.000	31.14	.01
DENTURES, STAYPLATES	59	244		8,123.00		33.29	.002	137.68	.05
SPACE MAINTAINERS	63	79		7,207.93		91.24	.001	114.41	.05
MAXILLOFACIAL SERVICES	41	43		1,906.15		44.33	.000	46.49	.01
FRACTURES, DISLOCATIONS	1	1		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	417	657		39,854.84		60.66	.004	95.58	.27
ALL OTHER SERVICES	175	253		1,210.00		4.78	.002	6.91	.01
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SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES								

150,196 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,742	5,142	\$	119,073.16	\$ 23.16	.034	\$ 68.35	\$.79
DIAGNOSTIC AND ANC. PROCED	1,384	1,452		65,011.59	44.77	.010	46.97	.43
EYE APPLIANCES	1,260	3,664		52,697.34	14.38	.024	41.82	.35
OTHER OPTOMETRIC SERVICES	26	26		1,364.23	52.47	.000	52.47	.01
@CHIROPRACTOR	18	39	\$	652.08	\$ 16.72	.000	\$ 36.23	\$.00
VISITS	18	39		652.08	16.72	.000	36.23	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	82	141	\$	6,049.30	\$ 42.90	.001	\$ 73.77	\$.04
MEDICINE/INJECTIONS	69	87		3,203.27	36.82	.001	46.42	.02
SURGERY/ANES.	12	17		1,094.39	64.38	.000	91.20	.01
RADIO./PATHOLOGY	8	14		242.20	17.30	.000	30.28	.00
OTHER	14	23		1,509.44	65.63	.000	107.82	.01
@HOME HEALTH AGENCY	395	9,806	\$	343,869.88	\$ 35.07	.065	\$ 870.56	\$ 2.29
NURSE ANESTHESIST	1	4	\$	82.87	\$ 20.72	.000	\$ 82.87	\$.00
NURSE MIDWIFE	33	292	\$	8,907.87	\$ 30.51	.002	\$ 269.94	\$.06
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	102	184	\$	5,112.66	\$ 27.79	.001	\$ 50.12	\$.03
@TOTAL HOSPITAL	12,045	52,499	\$	13,590,583.86	\$ 258.87	.350	\$ 1128.32	\$ 90.49
HOSP INPATIENT TOTAL	1,599	9,923		12,337,551.44	1243.33	.066	7715.79	82.14
HSC HOSPITALS	1,511	9,362		11,732,318.36	1253.19	.062	7764.61	78.11

NON-HSC HOSPITAL TOTAL	89	554	603,773.91	1089.84	.004	6783.98	4.02
ACCOMMODATIONS	86	554	339,286.99	612.43	.004	3945.20	2.26
ADMINISTRATIVE DAYS	4	70	16,203.54	231.48	.000	4050.89	.11
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	82	484	323,083.45	667.53	.003	3940.04	2.15
ANCILLARIES	88	0	264,486.92	.00	.000	3005.53	1.76
INPATIENT CROSSOVERS	2	7	1,459.17	208.45	.000	729.59	.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	10,845	42,576	1,253,032.42	29.43	.283	115.54	8.34
MEDICAL	1,407	1,835	101,566.23	55.35	.012	72.19	.68
SURGERY	856	1,016	49,787.78	49.00	.007	58.16	.33
PATHOLOGY	3,141	16,294	157,029.31	9.64	.108	49.99	1.05
RADIOLOGY	2,181	2,984	216,033.49	72.40	.020	99.05	1.44
ROOM USE	8,057	10,323	409,273.61	39.65	.069	50.80	2.72
CROSSOVERS/ALL OTH OUTPTNT	3,926	10,124	319,342.00	31.54	.067	81.34	2.13
@COUNTY HOSPITAL TOTAL	177	657	\$ 131,253.10	\$ 199.78	.004	\$ 741.54	\$.87
CO HOSPITAL INPATIENT TOTAL	21	101	109,665.08	1085.79	.001	5222.15	.73
HSC HOSPITALS	21	101	109,665.08	1085.79	.001	5222.15	.73
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	159	556	21,588.02	38.83	.004	135.77	.14
MEDICAL	45	54	2,667.53	49.40	.000	59.28	.02
SURGERY	23	29	1,741.40	60.05	.000	75.71	.01
PATHOLOGY	50	187	2,561.71	13.70	.001	51.23	.02
RADIOLOGY	45	62	5,596.32	90.26	.000	124.36	.04
ROOM USE	94	118	5,689.31	48.21	.001	60.52	.04
CROSSOVERS/ALL OTH OUTPTNT	66	106	3,331.75	31.43	.001	50.48	.02

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SACRAMENTO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

					----- MONTHLY AVERAGE -----		
150,196 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11,893	51,842	\$ 13,459,330.76	\$ 259.62	.345	\$ 1131.70	\$ 89.61
COMM HOSP INPATIENT TOTAL	1,578	9,822	12,227,886.36	1244.95	.065	7748.98	81.41
HSC HOSPITALS	1,490	9,261	11,622,653.28	1255.01	.062	7800.44	77.38
NON-HSC HOSPITALS TOTAL	89	554	603,773.91	1089.84	.004	6783.98	4.02
ACCOMMODATIONS	86	554	339,286.99	612.43	.004	3945.20	2.26
ADMINISTRATIVE DAYS	4	70	16,203.54	231.48	.000	4050.89	.11
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	82	484	323,083.45	667.53	.003	3940.04	2.15
ANCILLARIES	88	0	264,486.92	.00	.000	3005.53	1.76
INPATIENT CROSSOVERS	2	7	1,459.17	208.45	.000	729.59	.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	10,709	42,020	1,231,444.40	29.31	.280	114.99	8.20
MEDICAL	1,363	1,781	98,898.70	55.53	.012	72.56	.66
SURGERY	834	987	48,046.38	48.68	.007	57.61	.32
PATHOLOGY	3,094	16,107	154,467.60	9.59	.107	49.92	1.03
RADIOLOGY	2,137	2,922	210,437.17	72.02	.019	98.47	1.40
ROOM USE	7,975	10,205	403,584.30	39.55	.068	50.61	2.69

CROSSOVERS/ALL OTH OUTPTNT	3,862	10,018		316,010.25		31.54	.067	81.83	2.10
@STATE HOSPITAL	11	410	\$	201,877.52	\$	492.38	.003	\$ 18352.50	\$ 1.34
MENTALLY ILL	11	410		201,877.52		492.38	.003	18352.50	1.34
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	11	393	\$	180,824.99	\$	460.11	.003	\$ 16438.64	\$ 1.20
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	7	249		148,538.27		596.54	.002	21219.75	.99
LEV B-SUBACUTE HSPTL BASED	1	17		8,978.21		528.13	.000	8978.21	.06
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	3	127		23,308.51		183.53	.001	7769.50	.16
@INTERMEDIATE CARE FACIL.-DD	1	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	1	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	10	68	\$	7,785.95	\$	114.50	.000	\$ 778.60	\$.05
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	10	68		7,785.95		114.50	.000	778.60	.05
@REHABILITATION FACILITY	285	1,814	\$	41,579.16	\$	22.92	.012	\$ 145.89	\$.28
HOSPITAL BASED	163	373		18,481.80		49.55	.002	113.39	.12
INDEPENDENT FACILITY	123	1,441		23,097.36		16.03	.010	187.78	.15
@LABORATORY FACILITY	4,616	15,821	\$	216,921.95	\$	13.71	.105	\$ 46.99	\$ 1.44
PATHOLOGY	4,616	15,821		216,921.95		13.71	.105	46.99	1.44
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	6,335	18,325	\$	814,983.80	\$	44.47	.122	\$ 128.65	\$ 5.43
CLINIC	3,898	12,939		257,805.87		19.92	.086	66.14	1.72
SURGICENTER	152	1,001		34,008.92		33.97	.007	223.74	.23
HEROIN DETOX CLINIC	28	362		4,022.27		11.11	.002	143.65	.03
RURAL HEALTH CLINIC	2,289	4,023		519,146.74		129.04	.027	226.80	3.46

#CALIF DEPT OF HEALTH SERV MOP024
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
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SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

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150,196 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	57,064	355,060	\$ 2,996,762.81	\$ 8.44	2.364	\$ 52.52	\$ 19.95
DURABLE MED. EQUIP.	445	1,816	131,046.84	72.16	.012	294.49	.87
BLOOD BANK	0	0	76.00	.00	.000	.00	.00
HEARING AID DISPENSERS	5	12	600.77	50.06	.000	120.15	.00
MEDICAL TRANSPORTATION	696	9,242	150,908.40	16.33	.062	216.82	1.00
AMBULANCES/AIR TRANS	689	9,018	124,014.50	13.75	.060	179.99	.83
OTHER TRANS	7	201	802.10	3.99	.001	114.59	.01
OTHER SERVICES	18	23	26,091.80	1134.43	.000	1449.54	.17
ACUPUNCTURE	3	8	151.38	18.92	.000	50.46	.00
ADULT DAY HEALTH CARE CTR	4	128	8,527.11	66.62	.001	2131.78	.06
GENETIC DISEASE TESTING	1,699	1,704	128,053.00	75.15	.011	75.37	.85
IHMC, MODEL-NF, NF, AIDS, MSSP	67	365	35,840.02	98.19	.002	534.93	.24
OCCUPATIONAL THERAPIST	1	62	173.35	2.80	.000	173.35	.00
OPTICIAN	10,791	23,125	212,561.88	9.19	.154	19.70	1.42
PHYSICAL THERAPIST	3	19	315.27	16.59	.000	105.09	.00
PORTABLE X-RAY	2	3	65.80	21.93	.000	32.90	.00
PROSTHETIST/ORTHOTISTS	87	197	24,557.47	124.66	.001	282.27	.16
PROSTHETICS	60	165	22,256.05	134.89	.001	370.93	.15
ORTHOTICS	29	32	2,301.42	71.92	.000	79.36	.02
PSYCHOLOGIST	109	557	31,175.99	55.97	.004	286.02	.21
SPEECH AND AUDIOLOGY	147	413	18,225.84	44.13	.003	123.99	.12

HOSPICE SERVICES	0	0	70.60	.00	.000	.00	.00
NONINST BIRTHING CENTERS	2	2	2,014.46	1007.23	.000	1007.23	.01
LOCAL EDUCATION AGENCIES	43,312	217,018	2,205,745.59	10.16	1.445	50.93	14.69
EPSDT SUPPLEMENTAL SERVICE	1	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	182	100,389	46,653.04	.46	.668	256.34	.31
@CALIF. CHILDREN SERVICES*	5,899	86,391	\$ 11,041,661.40	\$ 127.81	.575	\$ 1871.79	\$ 73.52
@XOVER EXCLUDING STATE HOSP**	35	266	\$ 6,478.37	\$ 24.35	.002	\$ 185.10	\$.04

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 10,121
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE		

696,935 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	529,249	21,933,164	\$ 271,605,792.29	\$ 12.38	31.471	\$ 513.19	\$ 389.71
@PHYSICIANS SERVICES	174,339	572,063	\$ 19,952,877.92	\$ 34.88	.821	\$ 114.45	\$ 28.63
OUTPATIENT VISITS	103,816	150,546	5,274,995.14	35.04	.216	50.81	7.57
OFFICE VISITS	80,609	109,799	3,480,107.69	31.70	.158	43.17	4.99
HOME VISITS	328	414	15,437.26	37.29	.001	47.06	.02
EMERGENCY ROOM	17,916	21,784	1,219,680.46	55.99	.031	68.08	1.75
PREVENTIVE CARE	193	197	7,673.92	38.95	.000	39.76	.01
OB VISITS/COMPRE PERI	1,368	4,439	181,470.02	40.88	.006	132.65	.26
OTHER OUTPATIENT	11,224	13,913	370,625.79	26.64	.020	33.02	.53
INPATIENT VISITS	8,178	44,724	2,710,045.71	60.59	.064	331.38	3.89
HOSPITAL VISITS	6,563	35,383	1,544,323.20	43.65	.051	235.31	2.22
CRITICAL CARE	1,017	7,127	1,095,963.34	153.78	.010	1077.64	1.57
SNF/ICF/TRANS IP CARE	1,347	2,214	69,759.17	31.51	.003	51.79	.10
OPHTHALMOLOGICAL SERVICES	2,825	3,337	134,852.20	40.41	.005	47.74	.19
EXAMINATIONS	2,462	2,970	127,539.85	42.94	.004	51.80	.18
SERVICES AND MATERIALS	366	367	7,312.35	19.92	.001	19.98	.01
INPATIENT HOSPITAL SURGERY	3,884	21,356	2,122,627.31	99.39	.031	546.51	3.05
PRINCIPAL SURGEON	2,745	4,112	1,617,996.71	393.48	.006	589.43	2.32
ASSISTANT SURGEON	310	329	71,312.67	216.76	.000	230.04	.10
ANESTHESIOLOGIST	1,648	16,915	433,317.93	25.62	.024	262.94	.62
OUTPATIENT SURGERY	8,510	20,610	1,822,791.90	88.44	.030	214.19	2.62
PRINCIPAL SURGEON	7,177	9,440	1,499,264.84	158.82	.014	208.90	2.15
ASSISTANT SURGEON	72	72	11,003.70	152.83	.000	152.83	.02
ANESTHESIOLOGIST	1,966	11,098	312,523.36	28.16	.016	158.96	.45
DIALYSIS	1,040	5,955	261,179.84	43.86	.009	251.13	.37
PATHOLOGY	15,086	30,648	381,510.68	12.45	.044	25.29	.55
RADIOLOGY	27,623	55,980	2,419,679.45	43.22	.080	87.60	3.47
PSYCHIATRY	71	138	5,157.27	37.37	.000	72.64	.01
IMMUNIZATION AND INJECTION	5,496	26,020	810,937.66	31.17	.037	147.55	1.16
OTHER SERVICES/ALL X-OVERS	69,380	212,749	4,009,100.76	18.84	.305	57.78	5.75
@PHARMACY	359,285	5,416,083	\$ 114,555,666.89	\$ 21.15	7.771	\$ 318.84	\$ 164.37
PRESCRIPTION DRUGS	354,960	1,493,539	105,961,534.35	70.95	2.143	298.52	152.04
SNF/ICF	7,374	48,134	3,135,373.77	65.14	.069	425.19	4.50
OUTPATIENTS	349,139	1,445,405	102,826,160.58	71.14	2.074	294.51	147.54
MEDICAL SUPPLIES	30,086	3,922,544	8,594,132.54	2.19	5.628	285.65	12.33
@DENTIST	45,075	215,962	\$ 8,513,463.34	\$ 39.42	.310	\$ 188.87	\$ 12.22
VISITS - DIAGNOSTIC	30,215	140,079	1,758,874.83	12.56	.201	58.21	2.52
ORAL SURGERY	6,821	16,065	767,193.64	47.76	.023	112.48	1.10

DRUGS	163	185	3,250.00	17.57	.000	19.94	.00
ANESTHESIA	113	117	10,475.00	89.53	.000	92.70	.02
PERIODONTICS	3,090	3,431	577,258.93	168.25	.005	186.82	.83
ENDODONTICS	2,888	4,749	930,802.20	196.00	.007	322.30	1.34
RESTORATIVE DENTISTRY	13,198	35,141	2,794,237.71	79.52	.050	211.72	4.01
PROSTHETICS	450	492	17,485.00	35.54	.001	38.86	.03
DENTURES, STAYPLATES	4,872	14,132	1,583,426.98	112.05	.020	325.01	2.27
SPACE MAINTAINERS	75	94	8,503.93	90.47	.000	113.39	.01
MAXILLOFACIAL SERVICES	68	75	5,838.53	77.85	.000	85.86	.01
FRACTURES, DISLOCATIONS	3	4	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	570	845	53,946.69	63.84	.001	94.64	.08
ALL OTHER SERVICES	414	553	2,169.90	3.92	.001	5.24	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

696,935 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	14,402	48,242	\$ 1,021,994.86	\$ 21.18	.069	\$ 70.96	\$ 1.47
DIAGNOSTIC AND ANC. PROCED	8,087	8,283	374,988.84	45.27	.012	46.37	.54
EYE APPLIANCES	11,956	38,930	624,689.97	16.05	.056	52.25	.90
OTHER OPTOMETRIC SERVICES	699	1,029	22,316.05	21.69	.001	31.93	.03
@CHIROPRACTOR	767	1,565	\$ 25,249.08	\$ 16.13	.002	\$ 32.92	\$.04
VISITS	716	1,475	24,289.98	16.47	.002	33.92	.03
OTHER SERVICES	52	90	959.10	10.66	.000	18.44	.00
@PODIATRIST	8,890	15,582	\$ 274,047.15	\$ 17.59	.022	\$ 30.83	\$.39
MEDICINE/INJECTIONS	2,785	3,345	87,798.85	26.25	.005	31.53	.13
SURGERY/ANES.	262	384	15,296.76	39.84	.001	58.38	.02
RADIO./PATHOLOGY	180	246	4,263.22	17.33	.000	23.68	.01
OTHER	6,232	11,607	166,688.32	14.36	.017	26.75	.24
@HOME HEALTH AGENCY	2,978	164,250	\$ 5,712,167.65	\$ 34.78	.236	\$ 1918.12	\$ 8.20
NURSE ANESTHESIST	334	2,991	\$ 13,250.24	\$ 4.43	.004	\$ 39.67	\$.02

NURSE MIDWIFE	48	363	\$	10,227.14	\$	28.17	.001	\$	213.07	\$	.01
PEDIATRIC NURSE PRACTITIONER	1	1	\$	37.50	\$	37.50	.000	\$	37.50	\$	.00
FAMILY NURSE PRACTITIONER	796	1,668	\$	40,377.24	\$	24.21	.002	\$	50.73	\$	.06
@TOTAL HOSPITAL	65,161	418,309	\$	61,959,271.76	\$	148.12	.600	\$	950.86	\$	88.90
HOSP INPATIENT TOTAL	8,722	55,907		53,270,617.18		952.84	.080		6107.61		76.44
HSC HOSPITALS	7,013	41,204		48,111,594.14		1167.64	.059		6860.34		69.03
NON-HSC HOSPITAL TOTAL	627	4,746		4,001,015.64		843.03	.007		6381.21		5.74
ACCOMMODATIONS	622	4,746		1,925,990.96		405.81	.007		3096.45		2.76
ADMINISTRATIVE DAYS	299	3,189		674,191.88		211.41	.005		2254.82		.97
TRANSITIONAL IP CARE	0	0		251.71		.00	.000		.00		.00
ALL OTHER ACCOM	331	1,557		1,251,547.37		803.82	.002		3781.11		1.80
ANCILLARIES	624	0		2,075,024.68		.00	.000		3325.36		2.98
INPATIENT CROSSOVERS	1,319	9,957		1,158,007.41		116.30	.014		877.94		1.66
ALL OTHER INPATIENT	0	0		.01CR		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	59,124	362,402		8,688,654.58		23.98	.520		146.96		12.47
MEDICAL	9,060	13,468		589,479.38		43.77	.019		65.06		.85
SURGERY	3,897	4,477		245,617.79		54.86	.006		63.03		.35
PATHOLOGY	18,192	122,617		1,070,112.75		8.73	.176		58.82		1.54
RADIOLOGY	12,676	19,958		1,591,671.16		79.75	.029		125.57		2.28
ROOM USE	33,884	49,324		2,006,091.41		40.67	.071		59.20		2.88
CROSSOVERS/ALL OTH OUTPTNT	30,478	152,558		3,185,682.09		20.88	.219		104.52		4.57
@COUNTY HOSPITAL TOTAL	601	2,871	\$	535,758.08	\$	186.61	.004	\$	891.44	\$	.77
CO HOSPITAL INPATIENT TOTAL	80	486		465,390.97		957.59	.001		5817.39		.67
HSC HOSPITALS	71	402		441,103.10		1097.27	.001		6212.72		.63
NON-HSC HOSPITALS TOTAL	4	18		11,926.77		662.60	.000		2981.69		.02
ACCOMMODATIONS	4	18		4,459.68		247.76	.000		1114.92		.01
ADMINISTRATIVE DAYS	2	14		3,115.08		222.51	.000		1557.54		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	4		1,344.60		336.15	.000		672.30		.00
ANCILLARIES	4	0		7,467.09		.00	.000		1866.77		.01
INPATIENT CROSSOVERS	7	66		12,361.10		187.29	.000		1765.87		.02
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	537	2,385		70,367.11		29.50	.003		131.04		.10
MEDICAL	189	271		11,329.57		41.81	.000		59.94		.02
SURGERY	54	67		3,197.24		47.72	.000		59.21		.00
PATHOLOGY	195	837		10,624.02		12.69	.001		54.48		.02
RADIOLOGY	128	172		13,431.83		78.09	.000		104.94		.02
ROOM USE	329	449		19,101.75		42.54	.001		58.06		.03
CROSSOVERS/ALL OTH OUTPTNT	228	589		12,682.70		21.53	.001		55.63		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 10,123
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE										

----- MONTHLY AVERAGE -----											
696,935 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE				
@COMMUNITY HOSPITAL TOTAL	64,692	415,438	\$ 61,423,513.68	\$ 147.85	.596	\$ 949.48	\$ 88.13				
COMM HOSP INPATIENT TOTAL	8,653	55,421	52,805,226.21	952.80	.080	6102.53	75.77				
HSC HOSPITALS	6,951	40,802	47,670,491.04	1168.34	.059	6858.08	68.40				
NON-HSC HOSPITALS TOTAL	623	4,728	3,989,088.87	843.72	.007	6403.03	5.72				
ACCOMMODATIONS	618	4,728	1,921,531.28	406.42	.007	3109.27	2.76				
ADMINISTRATIVE DAYS	297	3,175	671,076.80	211.36	.005	2259.52	.96				
TRANSITIONAL IP CARE	0	0	251.71	.00	.000	.00	.00				
ALL OTHER ACCOM	329	1,553	1,250,202.77	805.02	.002	3800.01	1.79				
ANCILLARIES	620	0	2,067,557.59	.00	.000	3334.77	2.97				
INPATIENT CROSSOVERS	1,313	9,891	1,145,646.31	115.83	.014	872.54	1.64				
ALL OTHER INPATIENT	0	0	.01CR	.00	.000	.00	.00				

COMM HOSP OUTPATIENT TOTAL	58,691	360,017		8,618,287.47		23.94	.517	146.84	12.37
MEDICAL	8,882	13,197		578,149.81		43.81	.019	65.09	.83
SURGERY	3,844	4,410		242,420.55		54.97	.006	63.06	.35
PATHOLOGY	18,024	121,780		1,059,488.73		8.70	.175	58.78	1.52
RADIOLOGY	12,563	19,786		1,578,239.33		79.77	.028	125.63	2.26
ROOM USE	33,619	48,875		1,986,989.66		40.65	.070	59.10	2.85
CROSSOVERS/ALL OTH OUTPTNT	30,282	151,969		3,172,999.39		20.88	.218	104.78	4.55
@STATE HOSPITAL	33	1,781	\$	746,749.76	\$	419.29	.003	\$ 22628.78	\$ 1.07
MENTALLY ILL	11	410		201,898.90		492.44	.001	18354.45	.29
DEVELOP. DISABLED	22	1,371		544,850.86		397.41	.002	24765.95	.78
@NURSING FACILITY	5,175	134,569	\$	19,170,748.00	\$	142.46	.193	\$ 3704.49	\$ 27.51
LEV A-INTERMEDIATE	92	3,063		228,144.19		74.48	.004	2479.83	.33
LEV B-REHAB MD	76	2,395		287,175.87		119.91	.003	3778.63	.41
LEV B-SUBACUTE FREESTANDING	17	625		379,875.10		607.80	.001	22345.59	.55
LEV B-SUBACUTE HSPTL BASED	69	2,712		1,438,337.21		530.36	.004	20845.47	2.06
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	4,940	125,774		16,837,215.63		133.87	.180	3408.34	24.16
@INTERMEDIATE CARE FACIL.-DD	818	24,985	\$	3,512,987.11	\$	140.60	.036	\$ 4294.61	\$ 5.04
ICF DDH	431	13,327		1,984,802.76		148.93	.019	4605.11	2.85
ICF DD	368	11,023		1,418,720.95		128.71	.016	3855.22	2.04
ICF DDN/DDCN	19	635		109,463.40		172.38	.001	5761.23	.16
@HEMODIALYSIS TOTAL	3,980	100,850	\$	5,449,537.77	\$	54.04	.145	\$ 1369.23	\$ 7.82
HOSPITAL BASED	101	2,435		416,893.62		171.21	.003	4127.66	.60
HEMODIALYSIS CENTER	3,880	98,415		5,032,644.15		51.14	.141	1297.07	7.22
@REHABILITATION FACILITY	2,034	15,098	\$	320,709.04	\$	21.24	.022	\$ 157.67	\$.46
HOSPITAL BASED	839	2,949		99,943.77		33.89	.004	119.12	.14
INDEPENDENT FACILITY	1,202	12,149		220,765.27		18.17	.017	183.66	.32
@LABORATORY FACILITY	32,236	150,391	\$	1,739,993.91	\$	11.57	.216	\$ 53.98	\$ 2.50
PATHOLOGY	31,969	149,665		1,732,697.04		11.58	.215	54.20	2.49
XO AND OTHERS	268	726		7,296.87		10.05	.001	27.23	.01
@ORGANIZED OUTPATIENT CLINIC	15,751	42,072	\$	2,006,281.83	\$	47.69	.060	\$ 127.37	\$ 2.88
CLINIC	9,017	25,911		559,252.64		21.58	.037	62.02	.80
SURGICENTER	1,249	5,525		260,286.20		47.11	.008	208.40	.37
HEROIN DETOX CLINIC	103	1,416		15,735.05		11.11	.002	152.77	.02
RURAL HEALTH CLINIC	5,467	9,220		1,171,007.94		127.01	.013	214.20	1.68
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 10,124
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE								

696,935 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	142,220		14,606,338	\$ 26,580,127.30	\$ 1.82	20.958	\$ 186.89	\$ 38.14
DURABLE MED. EQUIP.	7,694		31,707	4,410,592.39	139.10	.045	573.25	6.33
BLOOD BANK	17		281	4,741.90	16.88	.000	278.94	.01
HEARING AID DISPENSERS	396		503	93,135.82	185.16	.001	235.19	.13
MEDICAL TRANSPORTATION	16,561		789,287	3,920,431.74	4.97	1.133	236.73	5.63
AMBULANCES/AIR TRANS	6,237		59,066	1,088,150.88	18.42	.085	174.47	1.56
OTHER TRANS	5,902		679,249	2,397,102.22	3.53	.975	406.15	3.44
OTHER SERVICES	5,244		50,972	435,178.64	8.54	.073	82.99	.62
ACUPUNCTURE	4,563		11,232	196,798.40	17.52	.016	43.13	.28
ADULT DAY HEALTH CARE CTR	4,053		54,927	3,669,220.52	66.80	.079	905.31	5.26
GENETIC DISEASE TESTING	1,873		1,880	142,288.00	75.69	.003	75.97	.20
IHMC,MODEL-NF,NF,AIDS,MSSP	3,204		77,731	3,107,088.15	39.97	.112	969.75	4.46
OCCUPATIONAL THERAPIST	120		2,535	11,035.34	4.35	.004	91.96	.02
OPTICIAN	25,444		59,085	658,233.78	11.14	.085	25.87	.94
PHYSICAL THERAPIST	211		1,173	19,436.99	16.57	.002	92.12	.03

PORTABLE X-RAY	114	265	4,711.25	17.78	.000	41.33	.01
PROSTHETIST/ORTHOTISTS	2,451	6,234	453,868.73	72.81	.009	185.18	.65
PROSTHETICS	1,995	5,583	409,592.57	73.36	.008	205.31	.59
ORTHOTICS	508	651	44,276.16	68.01	.001	87.16	.06
PSYCHOLOGIST	207	785	38,604.61	49.18	.001	186.50	.06
SPEECH AND AUDIOLOGY	5,294	19,549	924,457.49	47.29	.028	174.62	1.33
HOSPICE SERVICES	329	7,710	1,021,922.36	132.55	.011	3106.15	1.47
NONINST BIRTHING CENTERS	2	2	2,014.46	1007.23	.000	1007.23	.00
LOCAL EDUCATION AGENCIES	53,966	479,630	4,136,367.78	8.62	.688	76.65	5.94
EPSDT SUPPLEMENTAL SERVICE	5	1,360	30,192.00	22.20	.002	6038.40	.04
RESPIRATORY CARE PRACT.	1	1	26.80	26.80	.000	26.80	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	27,583	13,060,462	3,734,985.59	.29	18.740	135.41	5.36
@CALIF. CHILDREN SERVICES*	13,811	380,043	\$ 26,702,160.54	\$ 70.26	.545	\$ 1933.40	\$ 38.31
@XOVER EXCLUDING STATE HOSP**	74,063	864,756	\$ 9,466,800.39	\$ 10.95	1.241	\$ 127.82	\$ 13.58

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 10,125
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - AGED	AID CODE 14 1H 1U

33,394 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	20,888	455,294	\$ 9,349,915.40	\$ 20.54	13.634	\$ 447.62	\$ 279.99
@PHYSICIANS SERVICES	6,692	24,250	\$ 918,352.82	\$ 37.87	.726	\$ 137.23	\$ 27.50
OUTPATIENT VISITS	3,443	5,072	180,117.39	35.51	.152	52.31	5.39
OFFICE VISITS	3,143	4,520	151,669.12	33.56	.135	48.26	4.54
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	318	350	23,487.03	67.11	.010	73.86	.70
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	154	202	4,961.24	24.56	.006	32.22	.15
INPATIENT VISITS	228	1,104	50,573.84	45.81	.033	221.82	1.51
HOSPITAL VISITS	222	1,037	43,313.26	41.77	.031	195.10	1.30
CRITICAL CARE	14	57	6,807.70	119.43	.002	486.26	.20
SNF/ICF/TRANS IP CARE	7	10	452.88	45.29	.000	64.70	.01
OPHTHALMOLOGICAL SERVICES	276	333	14,395.91	43.23	.010	52.16	.43
EXAMINATIONS	266	322	14,156.50	43.96	.010	53.22	.42
SERVICES AND MATERIALS	11	11	239.41	21.76	.000	21.76	.01
INPATIENT HOSPITAL SURGERY	136	964	78,726.94	81.67	.029	578.87	2.36
PRINCIPAL SURGEON	99	167	55,033.21	329.54	.005	555.89	1.65
ASSISTANT SURGEON	22	28	7,314.28	261.22	.001	332.47	.22
ANESTHESIOLOGIST	55	769	16,379.45	21.30	.023	297.81	.49
OUTPATIENT SURGERY	458	1,041	189,160.43	181.71	.031	413.01	5.66
PRINCIPAL SURGEON	374	475	170,530.91	359.01	.014	455.97	5.11
ASSISTANT SURGEON	5	5	603.13	120.63	.000	120.63	.02
ANESTHESIOLOGIST	136	561	18,026.39	32.13	.017	132.55	.54
DIALYSIS	21	78	5,787.76	74.20	.002	275.61	.17
PATHOLOGY	617	1,290	18,387.87	14.25	.039	29.80	.55
RADIOLOGY	1,158	2,564	131,813.29	51.41	.077	113.83	3.95
PSYCHIATRY	1	1	32.98	32.98	.000	32.98	.00
IMMUNIZATION AND INJECTION	327	1,410	49,920.11	35.40	.042	152.66	1.49
OTHER SERVICES/ALL X-OVERS	3,319	10,393	199,436.30	19.19	.311	60.09	5.97
@PHARMACY	16,901	162,014	\$ 3,626,619.36	\$ 22.38	4.852	\$ 214.58	\$ 108.60
PRESCRIPTION DRUGS	16,697	67,686	3,514,965.23	51.93	2.027	210.51	105.26

SNF/ICF	663	4,333		185,860.59	42.89	.130	280.33	5.57
OUTPATIENTS	16,127	63,353		3,329,104.64	52.55	1.897	206.43	99.69
MEDICAL SUPPLIES	1,073	94,328		111,654.13	1.18	2.825	104.06	3.34
@DENTIST	1,642	7,243	\$	362,443.80	\$ 50.04	.217	\$ 220.73	\$ 10.85
VISITS - DIAGNOSTIC	1,025	4,223		55,774.33	13.21	.126	54.41	1.67
ORAL SURGERY	304	892		41,416.86	46.43	.027	136.24	1.24
DRUGS	1	1		25.00	25.00	.000	25.00	.00
ANESTHESIA	1	1		100.00	100.00	.000	100.00	.00
PERIODONTICS	119	123		21,265.00	172.89	.004	178.70	.64
ENDODONTICS	69	111		24,647.00	222.05	.003	357.20	.74
RESTORATIVE DENTISTRY	378	1,011		87,437.50	86.49	.030	231.32	2.62
PROSTHETICS	14	17		540.00	31.76	.001	38.57	.02
DENTURES, STAYPLATES	322	849		131,163.11	154.49	.025	407.34	3.93
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1		.00	.00	.000	.00	.00
ALL OTHER SERVICES	12	14		75.00	5.36	.000	6.25	.00

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33,394 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	663	1,950	\$ 42,712.69	\$ 21.90	.058	\$ 64.42	\$ 1.28
DIAGNOSTIC AND ANC. PROCED	337	348	15,760.77	45.29	.010	46.77	.47
EYE APPLIANCES	493	1,524	25,117.95	16.48	.046	50.95	.75
OTHER OPTOMETRIC SERVICES	59	78	1,833.97	23.51	.002	31.08	.05
@CHIROPRACTOR	2	7	\$ 117.04	\$ 16.72	.000	\$ 58.52	\$.00
VISITS	1	6	100.32	16.72	.000	100.32	.00
OTHER SERVICES	1	1	16.72	16.72	.000	16.72	.00
@PODIATRIST	439	1,091	\$ 13,968.48	\$ 12.80	.033	\$ 31.82	\$.42
MEDICINE/INJECTIONS	57	70	2,031.31	29.02	.002	35.64	.06
SURGERY/ANES.	5	18	499.78	27.77	.001	99.96	.01
RADIO./PATHOLOGY	5	6	103.80	17.30	.000	20.76	.00
OTHER	383	997	11,333.59	11.37	.030	29.59	.34
@HOME HEALTH AGENCY	70	649	\$ 46,317.12	\$ 71.37	.019	\$ 661.67	\$ 1.39
NURSE ANESTHESIST	37	173	\$ 1,990.02	\$ 11.50	.005	\$ 53.78	\$.06
NURSE MIDWIFE	1	1	\$ 5.26	\$ 5.26	.000	\$ 5.26	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	12	33	\$ 696.51	\$ 21.11	.001	\$ 58.04	\$.02
@TOTAL HOSPITAL	1,771	12,675	\$ 1,618,832.48	\$ 127.72	.380	\$ 914.08	\$ 48.48
HOSP INPATIENT TOTAL	274	1,748	1,351,124.64	772.95	.052	4931.11	40.46
HSC HOSPITALS	195	1,067	1,228,451.72	1151.31	.032	6299.75	36.79
NON-HSC HOSPITAL TOTAL	14	164	70,605.42	430.52	.005	5043.24	2.11
ACCOMMODATIONS	14	164	48,956.95	298.52	.005	3496.93	1.47
ADMINISTRATIVE DAYS	8	145	31,765.61	219.07	.004	3970.70	.95
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	19	17,191.34	904.81	.001	2865.22	.51
ANCILLARIES	14	0	21,648.47	.00	.000	1546.32	.65
INPATIENT CROSSOVERS	71	517	52,067.50	100.71	.015	733.35	1.56
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,565	10,927	267,707.84	24.50	.327	171.06	8.02
MEDICAL	209	286	17,639.77	61.68	.009	84.40	.53
SURGERY	163	181	17,457.40	96.45	.005	107.10	.52
PATHOLOGY	346	2,353	18,707.39	7.95	.070	54.07	.56

RADIOLOGY	315	610	50,286.90	82.44	.018	159.64	1.51
ROOM USE	583	946	50,103.76	52.96	.028	85.94	1.50
CROSSOVERS/ALL OTH OUTPTNT	977	6,551	113,512.62	17.33	.196	116.18	3.40
@COUNTY HOSPITAL TOTAL	6	48	\$ 2,046.38	\$ 42.63	.001	\$ 341.06	\$.06
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	6	48	2,046.38	42.63	.001	341.06	.06
MEDICAL	3	9	525.11	58.35	.000	175.04	.02
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	13	132.76	10.21	.000	132.76	.00
RADIOLOGY	3	7	829.07	118.44	.000	276.36	.02
ROOM USE	5	11	446.66	40.61	.000	89.33	.01
CROSSOVERS/ALL OTH OUTPTNT	3	8	112.78	14.10	.000	37.59	.00

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	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
33,394 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	1,765	12,627	\$ 1,616,786.10	\$ 128.04	.378	\$ 916.03	\$ 48.42
COMM HOSP INPATIENT TOTAL	274	1,748	1,351,124.64	772.95	.052	4931.11	40.46
HSC HOSPITALS	195	1,067	1,228,451.72	1151.31	.032	6299.75	36.79
NON-HSC HOSPITALS TOTAL	14	164	70,605.42	430.52	.005	5043.24	2.11
ACCOMMODATIONS	14	164	48,956.95	298.52	.005	3496.93	1.47

ADMINISTRATIVE DAYS	8	145		31,765.61	219.07	.004	3970.70	.95
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	19		17,191.34	904.81	.001	2865.22	.51
ANCILLARIES	14	0		21,648.47	.00	.000	1546.32	.65
INPATIENT CROSSOVERS	71	517		52,067.50	100.71	.015	733.35	1.56
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,559	10,879		265,661.46	24.42	.326	170.41	7.96
MEDICAL	206	277		17,114.66	61.79	.008	83.08	.51
SURGERY	163	181		17,457.40	96.45	.005	107.10	.52
PATHOLOGY	345	2,340		18,574.63	7.94	.070	53.84	.56
RADIOLOGY	312	603		49,457.83	82.02	.018	158.52	1.48
ROOM USE	578	935		49,657.10	53.11	.028	85.91	1.49
CROSSOVERS/ALL OTH OUTPTNT	974	6,543		113,399.84	17.33	.196	116.43	3.40
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	628	15,919	\$	1,922,991.25	\$ 120.80	.477	\$ 3062.09	\$ 57.58
LEV A-INTERMEDIATE	27	883		64,077.14	72.57	.026	2373.23	1.92
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	602	15,036		1,858,914.11	123.63	.450	3087.90	55.67
@INTERMEDIATE CARE FACIL.--DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	72	994	\$	97,475.07	\$ 98.06	.030	\$ 1353.82	\$ 2.92
HOSPITAL BASED	5	206		37,011.67	179.67	.006	7402.33	1.11
HEMODIALYSIS CENTER	67	788		60,463.40	76.73	.024	902.44	1.81
@REHABILITATION FACILITY	6	33	\$	577.48	\$ 17.50	.001	\$ 96.25	\$.02
HOSPITAL BASED	6	33		577.48	17.50	.001	96.25	.02
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1,323	6,111	\$	68,287.56	\$ 11.17	.183	\$ 51.62	\$ 2.04
PATHOLOGY	1,307	6,089		68,007.29	11.17	.182	52.03	2.04
XO AND OTHERS	16	22		280.27	12.74	.001	17.52	.01
@ORGANIZED OUTPATIENT CLINIC	384	1,493	\$	65,450.18	\$ 43.84	.045	\$ 170.44	\$ 1.96
CLINIC	168	607		13,080.30	21.55	.018	77.86	.39
SURGICENTER	106	681		37,512.12	55.08	.020	353.89	1.12
HEROIN DETOX CLINIC	1	40		408.77	10.22	.001	408.77	.01
RURAL HEALTH CLINIC	110	165		14,448.99	87.57	.005	131.35	.43

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----- MONTHLY AVERAGE -----								
33,394 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	2,875	220,658	\$ 563,078.28	\$ 2.55	6.608	\$ 195.85	\$ 16.86	
DURABLE MED. EQUIP.	172	366	64,469.65	176.15	.011	374.82	1.93	
BLOOD BANK	1	30	459.00	15.30	.001	459.00	.01	
HEARING AID DISPENSERS	19	23	4,182.06	181.83	.001	220.11	.13	
MEDICAL TRANSPORTATION	663	22,855	118,367.38	5.18	.684	178.53	3.54	
AMBULANCES/AIR TRANS	142	1,202	22,974.99	19.11	.036	161.80	.69	
OTHER TRANS	337	19,370	79,273.40	4.09	.580	235.23	2.37	
OTHER SERVICES	224	2,283	16,118.99	7.06	.068	71.96	.48	
ACUPUNCTURE	139	366	6,487.84	17.73	.011	46.68	.19	

ADULT DAY HEALTH CARE CTR	171	2,495	166,089.50	66.57	.075	971.28	4.97
GENETIC DISEASE TESTING	1	1	41.00	41.00	.000	41.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	66	1,121	42,791.90	38.17	.034	648.36	1.28
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	764	1,871	24,414.20	13.05	.056	31.96	.73
PHYSICAL THERAPIST	5	40	411.01	10.28	.001	82.20	.01
PORTABLE X-RAY	4	9	8.26	.92	.000	2.07	.00
PROSTHETIST/ORTHOTISTS	73	179	9,085.87	50.76	.005	124.46	.27
PROSTHETICS	58	154	7,525.35	48.87	.005	129.75	.23
ORTHOTICS	17	25	1,560.52	62.42	.001	91.80	.05
PSYCHOLOGIST	3	5	23.11	4.62	.000	7.70	.00
SPEECH AND AUDIOLOGY	114	250	29,959.14	119.84	.007	262.80	.90
HOSPICE SERVICES	10	157	18,823.74	119.90	.005	1882.37	.56
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	967	190,890	77,464.62	.41	5.716	80.11	2.32
@CALIF. CHILDREN SERVICES*	0	5CR	\$ 81.88CR	\$ 16.38	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	3,829	24,197	\$ 474,084.79	\$ 19.59	.725	\$ 123.81	\$ 14.20

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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134 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	153	8,846	\$ 202,053.27	\$ 22.84	66.015	\$ 1320.61	\$ 1507.86
@PHYSICIANS SERVICES	56	321	\$ 10,003.88	\$ 31.16	2.396	\$ 178.64	\$ 74.66
OUTPATIENT VISITS	34	63	2,244.40	35.63	.470	66.01	16.75
OFFICE VISITS	29	52	1,601.33	30.79	.388	55.22	11.95
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	7	550.14	78.59	.052	110.03	4.11
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	4	92.93	23.23	.030	46.47	.69
INPATIENT VISITS	4	33	843.10	25.55	.246	210.78	6.29
HOSPITAL VISITS	4	31	599.90	19.35	.231	149.98	4.48
CRITICAL CARE	1	2	243.20	121.60	.015	243.20	1.81
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	5	7	266.13	38.02	.052	53.23	1.99
EXAMINATIONS	4	6	246.13	41.02	.045	61.53	1.84
SERVICES AND MATERIALS	1	1	20.00	20.00	.007	20.00	.15
INPATIENT HOSPITAL SURGERY	2	13	539.28	41.48	.097	269.64	4.02
PRINCIPAL SURGEON	1	1	295.23	295.23	.007	295.23	2.20
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	12	244.05	20.34	.090	244.05	1.82
OUTPATIENT SURGERY	8	28	1,863.21	66.54	.209	232.90	13.90
PRINCIPAL SURGEON	5	7	1,269.75	181.39	.052	253.95	9.48
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	21	593.46	28.26	.157	197.82	4.43
DIALYSIS	5	7	1,238.40	176.91	.052	247.68	9.24
PATHOLOGY	11	18	297.47	16.53	.134	27.04	2.22

RADIOLOGY	14	22		562.62		25.57	.164	40.19	4.20
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	5	52		549.82		10.57	.388	109.96	4.10
OTHER SERVICES/ALL X-OVERS	30	78		1,599.45		20.51	.582	53.32	11.94
@PHARMACY	120	2,909	\$	43,221.78	\$	14.86	21.709	\$ 360.18	\$ 322.55
PRESCRIPTION DRUGS	119	640		40,117.76		62.68	4.776	337.12	299.39
SNF/ICF	9	45		2,497.26		55.49	.336	277.47	18.64
OUTPATIENTS	110	595		37,620.50		63.23	4.440	342.00	280.75
MEDICAL SUPPLIES	21	2,269		3,104.02		1.37	16.933	147.81	23.16
@DENTIST	9	39	\$	2,875.00	\$	73.72	.291	\$ 319.44	\$ 21.46
VISITS - DIAGNOSTIC	7	28		410.00		14.64	.209	58.57	3.06
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	4	5		690.00		138.00	.037	172.50	5.15
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	6		1,775.00		295.83	.045	887.50	13.25
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
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134 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	7	\$ 153.67	\$ 21.95	.052	\$ 76.84	\$ 1.15
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.007	47.45	.35
EYE APPLIANCES	2	6	106.22	17.70	.045	53.11	.79
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	2	\$ 25.70	\$ 12.85	.015	\$ 12.85	\$.19
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	2	2	25.70	12.85	.015	12.85	.19
@HOME HEALTH AGENCY	16	2,012	\$ 59,429.42	\$ 29.54	15.015	\$ 3714.34	\$ 443.50
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	20	224	\$ 28,526.03	\$ 127.35	1.672	\$ 1426.30	\$ 212.88
HOSP INPATIENT TOTAL	7	33	24,003.50	727.38	.246	3429.07	179.13
HSC HOSPITALS	3	14	16,782.00	1198.71	.104	5594.00	125.24
NON-HSC HOSPITAL TOTAL	1	4	4,805.50	1201.38	.030	4805.50	35.86
ACCOMMODATIONS	1	4	2,033.00	508.25	.030	2033.00	15.17
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4	2,033.00	508.25	.030	2033.00	15.17
ANCILLARIES	1	0	2,772.50	.00	.000	2772.50	20.69

INPATIENT CROSSOVERS	3	15	2,416.00	161.07	.112	805.33	18.03
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	14	191	4,522.53	23.68	1.425	323.04	33.75
MEDICAL	6	13	489.80	37.68	.097	81.63	3.66
SURGERY	3	3	305.02	101.67	.022	101.67	2.28
PATHOLOGY	6	48	493.45	10.28	.358	82.24	3.68
RADIOLOGY	3	3	93.56	31.19	.022	31.19	.70
ROOM USE	7	91	813.00	8.93	.679	116.14	6.07
CROSSOVERS/ALL OTH OUTPTNT	8	33	2,327.70	70.54	.246	290.96	17.37
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

134 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	20	224	\$ 28,526.03	\$ 127.35	1.672	\$ 1426.30	\$ 212.88
COMM HOSP INPATIENT TOTAL	7	33	24,003.50	727.38	.246	3429.07	179.13
HSC HOSPITALS	3	14	16,782.00	1198.71	.104	5594.00	125.24
NON-HSC HOSPITALS TOTAL	1	4	4,805.50	1201.38	.030	4805.50	35.86
ACCOMMODATIONS	1	4	2,033.00	508.25	.030	2033.00	15.17
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4	2,033.00	508.25	.030	2033.00	15.17
ANCILLARIES	1	0	2,772.50	.00	.000	2772.50	20.69
INPATIENT CROSSOVERS	3	15	2,416.00	161.07	.112	805.33	18.03
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	14	191	4,522.53	23.68	1.425	323.04	33.75
MEDICAL	6	13	489.80	37.68	.097	81.63	3.66
SURGERY	3	3	305.02	101.67	.022	101.67	2.28
PATHOLOGY	6	48	493.45	10.28	.358	82.24	3.68
RADIOLOGY	3	3	93.56	31.19	.022	31.19	.70
ROOM USE	7	91	813.00	8.93	.679	116.14	6.07
CROSSOVERS/ALL OTH OUTPTNT	8	33	2,327.70	70.54	.246	290.96	17.37
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	8	195	\$ 22,546.53	\$ 115.62	1.455	\$ 2818.32	\$ 168.26
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	1	30		3,627.90	120.93	.224	3627.90	27.07
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	7	165		18,918.63	114.66	1.231	2702.66	141.18
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	10	880	\$	22,352.43	\$ 25.40	6.567	\$ 2235.24	\$ 166.81
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	10	880		22,352.43	25.40	6.567	2235.24	166.81
@REHABILITATION FACILITY	2	29	\$	554.70	\$ 19.13	.216	\$ 277.35	\$ 4.14
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	2	29		554.70	19.13	.216	277.35	4.14
@LABORATORY FACILITY	18	116	\$	1,363.56	\$ 11.75	.866	\$ 75.75	\$ 10.18
PATHOLOGY	18	115		1,338.96	11.64	.858	74.39	9.99
XO AND OTHERS	1	1		24.60	24.60	.007	24.60	.18
@ORGANIZED OUTPATIENT CLINIC	6	16	\$	1,795.03	\$ 112.19	.119	\$ 299.17	\$ 13.40
CLINIC	6	16		1,795.03	112.19	.119	299.17	13.40
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 10,132
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND							
	AID CODE 24							

134 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	29	2,096	\$ 9,205.54	\$ 4.39	15.642	\$ 317.43	\$ 68.70
DURABLE MED. EQUIP.	4	10	6,502.17	650.22	.075	1625.54	48.52
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	177	1,258.04	7.11	1.321	209.67	9.39
AMBULANCES/AIR TRANS	2	14	310.39	22.17	.104	155.20	2.32
OTHER TRANS	4	163	947.65	5.81	1.216	236.91	7.07
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	17	194.55	11.44	.127	48.64	1.45
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	3	72.37	24.12	.022	36.19	.54
PROSTHETICS	2	3	72.37	24.12	.022	36.19	.54
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	7	42	477.70	11.37	.313	68.24	3.56
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	8	1,847	700.71	.38	13.784	87.59	5.23
@CALIF. CHILDREN SERVICES*	6	44	\$ 6,549.90	\$ 148.86	.328	\$ 1091.65	\$ 48.88
@XOVER EXCLUDING STATE HOSP**	22	260	\$ 9,466.66	\$ 36.41	1.940	\$ 430.30	\$ 70.65

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 10,133
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G	

	32,680 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	25,551	737,468	\$	24,757,349.45	\$ 33.57	22.566	\$ 968.94	\$ 757.57
@PHYSICIANS SERVICES	7,988	51,113	\$	1,843,821.28	\$ 36.07	1.564	\$ 230.82	\$ 56.42
OUTPATIENT VISITS	3,406	5,600		210,423.68	37.58	.171	61.78	6.44
OFFICE VISITS	2,339	3,689		115,783.29	31.39	.113	49.50	3.54
HOME VISITS	7	11		494.60	44.96	.000	70.66	.02
EMERGENCY ROOM	774	1,056		73,455.74	69.56	.032	94.90	2.25
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	5		318.92	63.78	.000	159.46	.01
OTHER OUTPATIENT	594	839		20,371.13	24.28	.026	34.29	.62
INPATIENT VISITS	792	6,215		259,762.79	41.80	.190	327.98	7.95
HOSPITAL VISITS	725	5,853		229,549.32	39.22	.179	316.62	7.02
CRITICAL CARE	62	202		24,967.48	123.60	.006	402.70	.76
SNF/ICF/TRANS IP CARE	71	160		5,245.99	32.79	.005	73.89	.16
OPHTHALMOLOGICAL SERVICES	131	151		6,349.39	42.05	.005	48.47	.19
EXAMINATIONS	128	148		6,289.39	42.50	.005	49.14	.19
SERVICES AND MATERIALS	3	3		60.00	20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY	423	3,291		264,330.07	80.32	.101	624.89	8.09
PRINCIPAL SURGEON	350	918		204,673.16	222.96	.028	584.78	6.26
ASSISTANT SURGEON	35	123		9,812.91	79.78	.004	280.37	.30
ANESTHESIOLOGIST	143	2,250		49,844.00	22.15	.069	348.56	1.53

OUTPATIENT SURGERY	455	969		105,167.83	108.53	.030	231.14	3.22
PRINCIPAL SURGEON	411	553		94,007.11	169.99	.017	228.73	2.88
ASSISTANT SURGEON	2	2		482.87	241.44	.000	241.44	.01
ANESTHESIOLOGIST	71	414		10,677.85	25.79	.013	150.39	.33
DIALYSIS	120	812		27,767.55	34.20	.025	231.40	.85
PATHOLOGY	896	3,820		61,221.34	16.03	.117	68.33	1.87
RADIOLOGY	1,699	6,347		265,367.79	41.81	.194	156.19	8.12
PSYCHIATRY	2	3		88.98	29.66	.000	44.49	.00
IMMUNIZATION AND INJECTION	300	8,640		377,768.15	43.72	.264	1259.23	11.56
OTHER SERVICES/ALL X-OVERS	4,503	15,265		265,573.71	17.40	.467	58.98	8.13
@PHARMACY	20,374	187,160	\$	8,309,753.24	\$ 44.40	5.727	\$ 407.86	\$ 254.28
PRESCRIPTION DRUGS	20,139	93,910		8,104,700.30	86.30	2.874	402.44	248.00
SNF/ICF	391	2,752		182,902.19	66.46	.084	467.78	5.60
OUTPATIENTS	19,820	91,158		7,921,798.11	86.90	2.789	399.69	242.41
MEDICAL SUPPLIES	1,641	93,250		205,052.94	2.20	2.853	124.96	6.27
@DENTIST	2,371	10,726	\$	522,652.60	\$ 48.73	.328	\$ 220.44	\$ 15.99
VISITS - DIAGNOSTIC	1,483	6,219		83,301.10	13.39	.190	56.17	2.55
ORAL SURGERY	389	1,316		60,036.25	45.62	.040	154.33	1.84
DRUGS	3	3		40.00	13.33	.000	13.33	.00
ANESTHESIA	9	9		800.00	88.89	.000	88.89	.02
PERIODONTICS	176	187		31,720.00	169.63	.006	180.23	.97
ENDODONTICS	152	252		60,213.00	238.94	.008	396.14	1.84
RESTORATIVE DENTISTRY	715	1,718		169,818.75	98.85	.053	237.51	5.20
PROSTHETICS	29	31		800.00	25.81	.001	27.59	.02
DENTURES, STAYPLATES	293	954		115,073.50	120.62	.029	392.74	3.52
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	2	3		780.00	260.00	.000	390.00	.02
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	2		50.00	25.00	.000	25.00	.00
ALL OTHER SERVICES	22	32		20.00	.63	.001	.91	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 10,134
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G							

32,680 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	562	1,630	\$	37,548.69	\$ 23.04	.050	\$ 66.81	\$ 1.15
DIAGNOSTIC AND ANC. PROCED	291	297		13,419.89	45.18	.009	46.12	.41
EYE APPLIANCES	449	1,287		22,708.65	17.64	.039	50.58	.69
OTHER OPTOMETRIC SERVICES	35	46		1,420.15	30.87	.001	40.58	.04
@CHIROPRACTOR	19	41	\$	685.52	\$ 16.72	.001	\$ 36.08	\$.02
VISITS	19	41		685.52	16.72	.001	36.08	.02
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	413	875	\$	15,414.97	\$ 17.62	.027	\$ 37.32	\$.47
MEDICINE/INJECTIONS	98	125		3,208.71	25.67	.004	32.74	.10
SURGERY/ANES.	18	47		1,448.75	30.82	.001	80.49	.04
RADIO./PATHOLOGY	10	13		224.90	17.30	.000	22.49	.01
OTHER	318	690		10,532.61	15.26	.021	33.12	.32
@HOME HEALTH AGENCY	428	58,980	\$	1,854,792.58	\$ 31.45	1.805	\$ 4333.63	\$ 56.76
NURSE ANESTHESIST	17	209	\$	771.20	\$ 3.69	.006	\$ 45.36	\$.02
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	33	116	\$	2,314.67	\$ 19.95	.004	\$ 70.14	\$.07
@TOTAL HOSPITAL	3,628	36,401	\$	8,613,147.13	\$ 236.62	1.114	\$ 2374.08	\$ 263.56
HOSP INPATIENT TOTAL	789	8,226		7,939,954.54	965.23	.252	10063.31	242.96
HSC HOSPITALS	629	6,338		7,239,641.35	1142.26	.194	11509.76	221.53

NON-HSC HOSPITAL TOTAL	68	941	603,036.27	640.85	.029	8868.18	18.45
ACCOMMODATIONS	67	941	289,967.94	308.15	.029	4327.88	8.87
ADMINISTRATIVE DAYS	43	814	172,084.24	211.41	.025	4001.96	5.27
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	24	127	117,883.70	928.22	.004	4911.82	3.61
ANCILLARIES	68	0	313,068.33	.00	.000	4603.95	9.58
INPATIENT CROSSOVERS	128	947	97,276.92	102.72	.029	759.98	2.98
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,115	28,175	673,192.59	23.89	.862	216.11	20.60
MEDICAL	485	767	33,292.24	43.41	.023	68.64	1.02
SURGERY	192	215	11,510.49	53.54	.007	59.95	.35
PATHOLOGY	1,025	10,496	76,311.95	7.27	.321	74.45	2.34
RADIOLOGY	676	1,707	140,150.11	82.10	.052	207.32	4.29
ROOM USE	1,448	2,682	108,586.47	40.49	.082	74.99	3.32
CROSSOVERS/ALL OTH OUTPTNT	1,844	12,308	303,341.33	24.65	.377	164.50	9.28
@COUNTY HOSPITAL TOTAL	35	213	\$ 28,432.35	\$ 133.49	.007	\$ 812.35	\$.87
CO HOSPITAL INPATIENT TOTAL	5	20	22,820.00	1141.00	.001	4564.00	.70
HSC HOSPITALS	5	20	22,820.00	1141.00	.001	4564.00	.70
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	32	193	5,612.35	29.08	.006	175.39	.17
MEDICAL	19	31	858.66	27.70	.001	45.19	.03
SURGERY	1	1	50.25	50.25	.000	50.25	.00
PATHOLOGY	15	83	1,262.21	15.21	.003	84.15	.04
RADIOLOGY	8	16	1,628.79	101.80	.000	203.60	.05
ROOM USE	22	33	1,272.51	38.56	.001	57.84	.04
CROSSOVERS/ALL OTH OUTPTNT	10	29	539.93	18.62	.001	53.99	.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,135
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

	32,680 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,599	36,188	\$	8,584,714.78	\$ 237.23	1.107	\$ 2385.31	\$ 262.69
COMM HOSP INPATIENT TOTAL	785	8,206		7,917,134.54	964.80	.251	10085.52	242.26
HSC HOSPITALS	625	6,318		7,216,821.35	1142.26	.193	11546.91	220.83
NON-HSC HOSPITALS TOTAL	68	941		603,036.27	640.85	.029	8868.18	18.45
ACCOMMODATIONS	67	941		289,967.94	308.15	.029	4327.88	8.87
ADMINISTRATIVE DAYS	43	814		172,084.24	211.41	.025	4001.96	5.27
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	24	127		117,883.70	928.22	.004	4911.82	3.61
ANCILLARIES	68	0		313,068.33	.00	.000	4603.95	9.58
INPATIENT CROSSOVERS	128	947		97,276.92	102.72	.029	759.98	2.98
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,087	27,982		667,580.24	23.86	.856	216.26	20.43
MEDICAL	467	736		32,433.58	44.07	.023	69.45	.99
SURGERY	191	214		11,460.24	53.55	.007	60.00	.35
PATHOLOGY	1,013	10,413		75,049.74	7.21	.319	74.09	2.30
RADIOLOGY	670	1,691		138,521.32	81.92	.052	206.75	4.24
ROOM USE	1,430	2,649		107,313.96	40.51	.081	75.04	3.28

CROSSOVERS/ALL OTH OUTPTNT	1,837	12,279		302,801.40		24.66	.376	164.83	9.27
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	322	8,075	\$	1,170,625.72	\$	144.97	.247	\$ 3635.48	\$ 35.82
LEV A-INTERMEDIATE	15	426		28,179.98		66.15	.013	1878.67	.86
LEV B-REHAB MD	14	685		82,134.05		119.90	.021	5866.72	2.51
LEV B-SUBACUTE FREESTANDING	3	78		46,959.90		602.05	.002	15653.30	1.44
LEV B-SUBACUTE HSPTL BASED	8	253		139,859.67		552.81	.008	17482.46	4.28
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	282	6,633		873,492.12		131.69	.203	3097.49	26.73
@INTERMEDIATE CARE FACIL.-DD	12	350	\$	51,859.50	\$	148.17	.011	\$ 4321.63	\$ 1.59
ICF DDH	12	350		51,859.50		148.17	.011	4321.63	1.59
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	452	10,067	\$	552,257.73	\$	54.86	.308	\$ 1221.81	\$ 16.90
HOSPITAL BASED	2	19		2,616.20		137.69	.001	1308.10	.08
HEMODIALYSIS CENTER	451	10,048		549,641.53		54.70	.307	1218.72	16.82
@REHABILITATION FACILITY	90	654	\$	14,774.98	\$	22.59	.020	\$ 164.17	\$.45
HOSPITAL BASED	45	207		6,727.79		32.50	.006	149.51	.21
INDEPENDENT FACILITY	45	447		8,047.19		18.00	.014	178.83	.25
@LABORATORY FACILITY	1,386	7,227	\$	79,264.87	\$	10.97	.221	\$ 57.19	\$ 2.43
PATHOLOGY	1,379	7,216		79,135.73		10.97	.221	57.39	2.42
XO AND OTHERS	7	11		129.14		11.74	.000	18.45	.00
@ORGANIZED OUTPATIENT CLINIC	690	1,867	\$	83,041.24	\$	44.48	.057	\$ 120.35	\$ 2.54
CLINIC	468	1,280		31,438.74		24.56	.039	67.18	.96
SURGICENTER	56	209		10,282.78		49.20	.006	183.62	.31
HEROIN DETOX CLINIC	7	89		1,010.76		11.36	.003	144.39	.03
RURAL HEALTH CLINIC	165	289		40,308.96		139.48	.009	244.30	1.23
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 10,136
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G								

----- MONTHLY AVERAGE -----									
32,680 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@ALL OTHER PROVIDERS	4,027	361,977	\$ 1,604,623.53	\$ 4.43	11.076	\$ 398.47	\$ 49.10		
DURABLE MED. EQUIP.	407	1,967	304,556.40	154.83	.060	748.30	9.32		
BLOOD BANK	1	30	459.00	15.30	.001	459.00	.01		
HEARING AID DISPENSERS	10	12	3,290.77	274.23	.000	329.08	.10		
MEDICAL TRANSPORTATION	983	65,303	306,247.71	4.69	1.998	311.54	9.37		
AMBULANCES/AIR TRANS	364	4,173	83,929.15	20.11	.128	230.57	2.57		
OTHER TRANS	359	58,291	190,020.63	3.26	1.784	529.31	5.81		
OTHER SERVICES	304	2,839	32,297.93	11.38	.087	106.24	.99		
ACUPUNCTURE	39	76	1,347.56	17.73	.002	34.55	.04		
ADULT DAY HEALTH CARE CTR	52	850	56,743.16	66.76	.026	1091.21	1.74		
GENETIC DISEASE TESTING	3	3	315.00	105.00	.000	105.00	.01		
IHMC,MODEL-NF,NF,AIDS,MSSP	230	12,832	379,633.02	29.58	.393	1650.58	11.62		
OCCUPATIONAL THERAPIST	1	1	34.84	34.84	.000	34.84	.00		
OPTICIAN	624	1,475	20,187.22	13.69	.045	32.35	.62		
PHYSICAL THERAPIST	13	129	1,966.17	15.24	.004	151.24	.06		
PORTABLE X-RAY	7	12	244.05	20.34	.000	34.86	.01		
PROSTHETIST/ORTHOTISTS	94	387	35,743.69	92.36	.012	380.25	1.09		
PROSTHETICS	88	380	35,307.17	92.91	.012	401.22	1.08		
ORTHOTICS	6	7	436.52	62.36	.000	72.75	.01		
PSYCHOLOGIST	6	24	179.19	7.47	.001	29.87	.01		
SPEECH AND AUDIOLOGY	89	311	18,421.63	59.23	.010	206.98	.56		

HOSPICE SERVICES	53	1,090	149,039.27	136.73	.033	2812.06	4.56
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	644	37,173	189,291.59	5.09	1.137	293.93	5.79
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,181	240,302	136,923.26	.57	7.353	115.94	4.19
@CALIF. CHILDREN SERVICES*	305	22,183	\$ 303,891.87	\$ 13.70	.679	\$ 996.37	\$ 9.30
@XOVER EXCLUDING STATE HOSP**	4,891	42,194	\$ 802,256.52	\$ 19.01	1.291	\$ 164.03	\$ 24.55

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 10,137
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR	MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J	

					----- MONTHLY AVERAGE -----			
154,920 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	63,785	339,533	\$ 24,175,069.92	\$ 71.20	2.192	\$ 379.01	\$ 156.05	
@PHYSICIANS SERVICES	22,209	80,622	\$ 4,580,182.94	\$ 56.81	.520	\$ 206.23	\$ 29.56	
OUTPATIENT VISITS	15,144	30,447	1,120,550.89	36.80	.197	73.99	7.23	
OFFICE VISITS	7,697	9,838	378,934.97	38.52	.064	49.23	2.45	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	4,272	4,750	256,221.49	53.94	.031	59.98	1.65	
PREVENTIVE CARE	66	67	2,392.13	35.70	.000	36.24	.02	
OB VISITS/COMPRE PERI	3,168	14,565	446,785.57	30.68	.094	141.03	2.88	
OTHER OUTPATIENT	1,014	1,227	36,216.73	29.52	.008	35.72	.23	
INPATIENT VISITS	2,389	10,762	876,426.17	81.44	.069	366.86	5.66	
HOSPITAL VISITS	2,150	7,127	327,724.15	45.98	.046	152.43	2.12	
CRITICAL CARE	413	3,604	548,225.82	152.12	.023	1327.42	3.54	
SNF/ICF/TRANS IP CARE	6	31	476.20	15.36	.000	79.37	.00	
OPHTHALMOLOGICAL SERVICES	191	268	12,166.74	45.40	.002	63.70	.08	

EXAMINATIONS	164	241	11,639.74	48.30	.002	70.97	.08
SERVICES AND MATERIALS	27	27	527.00	19.52	.000	19.52	.00
INPATIENT HOSPITAL SURGERY	2,322	10,515	1,422,191.63	135.25	.068	612.49	9.18
PRINCIPAL SURGEON	1,630	2,156	1,162,625.37	539.25	.014	713.27	7.50
ASSISTANT SURGEON	190	190	38,201.18	201.06	.001	201.06	.25
ANESTHESIOLOGIST	971	8,169	221,365.08	27.10	.053	227.98	1.43
OUTPATIENT SURGERY	1,462	3,189	252,595.93	79.21	.021	172.77	1.63
PRINCIPAL SURGEON	1,250	1,548	203,612.70	131.53	.010	162.89	1.31
ASSISTANT SURGEON	8	8	1,076.45	134.56	.000	134.56	.01
ANESTHESIOLOGIST	444	1,633	47,906.78	29.34	.011	107.90	.31
DIALYSIS	71	354	21,456.04	60.61	.002	302.20	.14
PATHOLOGY	2,476	4,852	82,876.67	17.08	.031	33.47	.53
RADIOLOGY	5,526	10,546	421,318.99	39.95	.068	76.24	2.72
PSYCHIATRY	12	12	822.35	68.53	.000	68.53	.01
IMMUNIZATION AND INJECTION	708	3,233	94,142.26	29.12	.021	132.97	.61
OTHER SERVICES/ALL X-OVERS	2,793	6,444	275,635.27	42.77	.042	98.69	1.78
@PHARMACY	15,566	39,454	\$ 1,951,366.57	\$ 49.46	.255	\$ 125.36	\$ 12.60
PRESCRIPTION DRUGS	15,227	32,468	1,572,658.42	48.44	.210	103.28	10.15
SNF/ICF	17	93	7,705.85	82.86	.001	453.29	.05
OUTPATIENTS	15,216	32,375	1,564,952.57	48.34	.209	102.85	10.10
MEDICAL SUPPLIES	847	6,986	378,708.15	54.21	.045	447.12	2.44
@DENTIST	3,672	20,501	\$ 537,963.39	\$ 26.24	.132	\$ 146.50	\$ 3.47
VISITS - DIAGNOSTIC	2,724	13,365	168,558.49	12.61	.086	61.88	1.09
ORAL SURGERY	628	1,190	53,813.75	45.22	.008	85.69	.35
DRUGS	30	33	605.00	18.33	.000	20.17	.00
ANESTHESIA	7	7	300.00	42.86	.000	42.86	.00
PERIODONTICS	170	188	17,931.25	95.38	.001	105.48	.12
ENDODONTICS	318	581	64,959.25	111.81	.004	204.27	.42
RESTORATIVE DENTISTRY	1,339	4,441	212,980.25	47.96	.029	159.06	1.37
PROSTHETICS	14	19	280.00	14.74	.000	20.00	.00
DENTURES, STAYPLATES	54	267	10,988.40	41.16	.002	203.49	.07
SPACE MAINTAINERS	17	30	1,062.00	35.40	.000	62.47	.01
MAXILLOFACIAL SERVICES	11	11	250.00	22.73	.000	22.73	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	86	252	5,850.00	23.21	.002	68.02	.04
ALL OTHER SERVICES	72	117	385.00	3.29	.001	5.35	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 10,138
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J						

----- MONTHLY AVERAGE -----							
154,920 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	691	2,183	\$ 52,532.59	\$ 24.06	.014	\$ 76.02	\$.34
DIAGNOSTIC AND ANC. PROCED	601	604	28,143.46	46.60	.004	46.83	.18
EYE APPLIANCES	538	1,574	24,110.63	15.32	.010	44.82	.16
OTHER OPTOMETRIC SERVICES	5	5	278.50	55.70	.000	55.70	.00
@CHIROPRACTOR	8	10	158.84	\$ 15.88	.000	\$ 19.86	\$.00
VISITS	8	10	158.84	15.88	.000	19.86	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	42	68	\$ 3,446.49	\$ 50.68	.000	\$ 82.06	\$.02
MEDICINE/INJECTIONS	35	39	1,398.57	35.86	.000	39.96	.01
SURGERY/ANES.	11	13	1,363.62	104.89	.000	123.97	.01
RADIO./PATHOLOGY	4	7	122.82	17.55	.000	30.71	.00
OTHER	5	9	561.48	62.39	.000	112.30	.00
@HOME HEALTH AGENCY	225	1,153	\$ 69,350.87	\$ 60.15	.007	\$ 308.23	\$.45
NURSE ANESTHESIST	1	6	\$ 143.70	\$ 23.95	.000	\$ 143.70	\$.00

NURSE MIDWIFE	46	434	\$	13,792.47	\$	31.78	.003	\$	299.84	\$	.09
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	24	42	\$	1,132.74	\$	26.97	.000	\$	47.20	\$	.01
@TOTAL HOSPITAL	11,064	56,217	\$	14,696,212.64	\$	261.42	.363	\$	1328.29	\$	94.86
HOSP INPATIENT TOTAL	2,340	11,135		13,519,290.37		1214.13	.072		5777.47		87.27
HSC HOSPITALS	2,261	10,504		12,826,937.45		1221.15	.068		5673.13		82.80
NON-HSC HOSPITAL TOTAL	87	594		690,299.39		1162.12	.004		7934.48		4.46
ACCOMMODATIONS	85	594		421,920.31		710.30	.004		4963.77		2.72
ADMINISTRATIVE DAYS	10	135		29,848.69		221.10	.001		2984.87		.19
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	75	459		392,071.62		854.19	.003		5227.62		2.53
ANCILLARIES	87	0		268,379.08		.00	.000		3084.82		1.73
INPATIENT CROSSOVERS	3	37		2,053.53		55.50	.000		684.51		.01
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	9,406	45,082		1,176,922.27		26.11	.291		125.12		7.60
MEDICAL	1,004	1,308		54,162.30		41.41	.008		53.95		.35
SURGERY	940	1,197		44,961.22		37.56	.008		47.83		.29
PATHOLOGY	3,457	19,434		190,877.36		9.82	.125		55.21		1.23
RADIOLOGY	2,468	3,534		270,539.17		76.55	.023		109.62		1.75
ROOM USE	6,562	8,664		336,056.24		38.79	.056		51.21		2.17
CROSSOVERS/ALL OTH OUTPTNT	4,024	10,945		280,325.98		25.61	.071		69.66		1.81
@COUNTY HOSPITAL TOTAL	164	1,025	\$	206,265.23	\$	201.23	.007	\$	1257.71	\$	1.33
CO HOSPITAL INPATIENT TOTAL	25	162		182,648.65		1127.46	.001		7305.95		1.18
HSC HOSPITALS	25	157		178,701.24		1138.22	.001		7148.05		1.15
NON-HSC HOSPITALS TOTAL	1	5		3,947.41		789.48	.000		3947.41		.03
ACCOMMODATIONS	1	5		1,156.50		231.30	.000		1156.50		.01
ADMINISTRATIVE DAYS	1	5		1,156.50		231.30	.000		1156.50		.01
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	1	0		2,790.91		.00	.000		2790.91		.02
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	149	863		23,616.58		27.37	.006		158.50		.15
MEDICAL	26	30		1,133.44		37.78	.000		43.59		.01
SURGERY	39	58		2,257.54		38.92	.000		57.89		.01
PATHOLOGY	78	398		6,343.87		15.94	.003		81.33		.04
RADIOLOGY	20	23		1,375.48		59.80	.000		68.77		.01
ROOM USE	74	142		6,885.73		48.49	.001		93.05		.04
CROSSOVERS/ALL OTH OUTPTNT	87	212		5,620.52		26.51	.001		64.60		.04

#CALIF DEPT OF HEALTH SERV MOP024 SACRAMENTO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

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	154,920 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE			
@COMMUNITY HOSPITAL TOTAL	10,916	55,192	\$	14,489,947.41	\$	262.54	.356	\$	1327.40	\$	93.53
COMM HOSP INPATIENT TOTAL	2,317	10,973		13,336,641.72		1215.41	.071		5756.00		86.09
HSC HOSPITALS	2,238	10,347		12,648,236.21		1222.41	.067		5651.58		81.64
NON-HSC HOSPITALS TOTAL	86	589		686,351.98		1165.28	.004		7980.84		4.43
ACCOMMODATIONS	84	589		420,763.81		714.37	.004		5009.09		2.72
ADMINISTRATIVE DAYS	9	130		28,692.19		220.71	.001		3188.02		.19
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	75	459		392,071.62		854.19	.003		5227.62		2.53
ANCILLARIES	86	0		265,588.17		.00	.000		3088.23		1.71
INPATIENT CROSSOVERS	3	37		2,053.53		55.50	.000		684.51		.01
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

COMM HOSP OUTPATIENT TOTAL	9,267	44,219		1,153,305.69		26.08	.285	124.45	7.44
MEDICAL	978	1,278		53,028.86		41.49	.008	54.22	.34
SURGERY	903	1,139		42,703.68		37.49	.007	47.29	.28
PATHOLOGY	3,384	19,036		184,533.49		9.69	.123	54.53	1.19
RADIOLOGY	2,449	3,511		269,163.69		76.66	.023	109.91	1.74
ROOM USE	6,490	8,522		329,170.51		38.63	.055	50.72	2.12
CROSSOVERS/ALL OTH OUTPTNT	3,938	10,733		274,705.46		25.59	.069	69.76	1.77
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	10	235	\$	62,674.38	\$	266.70	.002	6267.44	.40
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	4	85		44,263.03		520.74	.001	11065.76	.29
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	6	150		18,411.35		122.74	.001	3068.56	.12
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	110	7,934	\$	263,578.77	\$	33.22	.051	2396.17	1.70
HOSPITAL BASED	2	28		5,234.01		186.93	.000	2617.01	.03
HEMODIALYSIS CENTER	109	7,906		258,344.76		32.68	.051	2370.14	1.67
@REHABILITATION FACILITY	169	800	\$	21,581.29	\$	26.98	.005	127.70	.14
HOSPITAL BASED	87	335		12,752.95		38.07	.002	146.59	.08
INDEPENDENT FACILITY	82	465		8,828.34		18.99	.003	107.66	.06
@LABORATORY FACILITY	5,976	19,319	\$	270,519.35	\$	14.00	.125	45.27	1.75
PATHOLOGY	5,976	19,319		270,519.35		14.00	.125	45.27	1.75
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	4,211	16,414	\$	562,849.27	\$	34.29	.106	133.66	3.63
CLINIC	3,291	14,331		393,954.75		27.49	.093	119.71	2.54
SURGICENTER	103	715		20,306.00		28.40	.005	197.15	.13
HEROIN DETOX CLINIC	9	145		1,541.62		10.63	.001	171.29	.01
RURAL HEALTH CLINIC	818	1,223		147,046.90		120.23	.008	179.76	.95

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

	154,920 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	21,720	94,141	\$	1,087,583.62	\$ 11.55	.608	\$ 50.07	\$ 7.02
DURABLE MED. EQUIP.	215	617		47,942.10	77.70	.004	222.99	.31
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	642	11,452		137,750.48	12.03	.074	214.56	.89
AMBULANCES/AIR TRANS	611	6,050		103,299.82	17.07	.039	169.07	.67
OTHER TRANS	26	5,360		13,544.41	2.53	.035	520.94	.09
OTHER SERVICES	16	42		20,906.25	497.77	.000	1306.64	.13
ACUPUNCTURE	8	17		351.41	20.67	.000	43.93	.00
ADULT DAY HEALTH CARE CTR	7	113		7,519.02	66.54	.001	1074.15	.05
GENETIC DISEASE TESTING	1,796	1,810		146,766.00	81.09	.012	81.72	.95
IHMC,MODEL-NF,NF,AIDS,MSSP	12	61		8,016.65	131.42	.000	668.05	.05
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	5,144	11,002		106,082.06	9.64	.071	20.62	.68
PHYSICAL THERAPIST	9	58		1,225.14	21.12	.000	136.13	.01

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	145	250	16,709.25	66.84	.002	115.24	.11
PROSTHETICS	69	160	8,991.38	56.20	.001	130.31	.06
ORTHOTICS	87	90	7,717.87	85.75	.001	88.71	.05
PSYCHOLOGIST	16	55	1,386.56	25.21	.000	86.66	.01
SPEECH AND AUDIOLOGY	10	96	5,224.10	54.42	.001	522.41	.03
HOSPICE SERVICES	5	65	8,670.20	133.39	.000	1734.04	.06
NONINST BIRTHING CENTERS	4	4	4,028.92	1007.23	.000	1007.23	.03
LOCAL EDUCATION AGENCIES	13,796	58,234	587,677.14	10.09	.376	42.60	3.79
EPSDT SUPPLEMENTAL SERVICE	1	27	595.56	22.06	.000	595.56	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	49	10,280	7,639.03	.74	.066	155.90	.05
@CALIF. CHILDREN SERVICES*	3,125	40,997	\$ 7,186,854.24	\$ 175.30	.265	\$ 2299.79	\$ 46.39
@XOVER EXCLUDING STATE HOSP**	106	1,255	\$ 21,871.57	\$ 17.43	.008	\$ 206.34	\$.14

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 10,141
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC	

221,128 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	110,377	1,541,141	\$ 58,484,388.04	\$ 37.95	6.969	\$ 529.86	\$ 264.48
@PHYSICIANS SERVICES	36,945	156,306	\$ 7,352,360.92	\$ 47.04	.707	\$ 199.01	\$ 33.25
OUTPATIENT VISITS	22,027	41,182	1,513,336.36	36.75	.186	68.70	6.84
OFFICE VISITS	13,208	18,099	647,988.71	35.80	.082	49.06	2.93
HOME VISITS	7	11	494.60	44.96	.000	70.66	.00
EMERGENCY ROOM	5,369	6,163	353,714.40	57.39	.028	65.88	1.60
PREVENTIVE CARE	66	67	2,392.13	35.70	.000	36.24	.01
OB VISITS/COMPRE PERI	3,170	14,570	447,104.49	30.69	.066	141.04	2.02
OTHER OUTPATIENT	1,764	2,272	61,642.03	27.13	.010	34.94	.28
INPATIENT VISITS	3,413	18,114	1,187,605.90	65.56	.082	347.97	5.37
HOSPITAL VISITS	3,101	14,048	601,186.63	42.80	.064	193.87	2.72
CRITICAL CARE	490	3,865	580,244.20	150.13	.017	1184.17	2.62
SNF/ICF/TRANS IP CARE	84	201	6,175.07	30.72	.001	73.51	.03
OPHTHALMOLOGICAL SERVICES	603	759	33,178.17	43.71	.003	55.02	.15
EXAMINATIONS	562	717	32,331.76	45.09	.003	57.53	.15
SERVICES AND MATERIALS	42	42	846.41	20.15	.000	20.15	.00
INPATIENT HOSPITAL SURGERY	2,883	14,783	1,765,787.92	119.45	.067	612.48	7.99
PRINCIPAL SURGEON	2,080	3,242	1,422,626.97	438.81	.015	683.96	6.43
ASSISTANT SURGEON	247	341	55,328.37	162.25	.002	224.00	.25
ANESTHESIOLOGIST	1,170	11,200	287,832.58	25.70	.051	246.01	1.30
OUTPATIENT SURGERY	2,383	5,227	548,787.40	104.99	.024	230.29	2.48
PRINCIPAL SURGEON	2,040	2,583	469,420.47	181.73	.012	230.11	2.12
ASSISTANT SURGEON	15	15	2,162.45	144.16	.000	144.16	.01
ANESTHESIOLOGIST	654	2,629	77,204.48	29.37	.012	118.05	.35
DIALYSIS	217	1,251	56,249.75	44.96	.006	259.22	.25
PATHOLOGY	4,000	9,980	162,783.35	16.31	.045	40.70	.74
RADIOLOGY	8,397	19,479	819,062.69	42.05	.088	97.54	3.70
PSYCHIATRY	15	16	944.31	59.02	.000	62.95	.00
IMMUNIZATION AND INJECTION	1,340	13,335	522,380.34	39.17	.060	389.84	2.36
OTHER SERVICES/ALL X-OVERS	10,645	32,180	742,244.73	23.07	.146	69.73	3.36
@PHARMACY	52,961	391,537	\$ 13,930,960.95	\$ 35.58	1.771	\$ 263.04	\$ 63.00
PRESCRIPTION DRUGS	52,182	194,704	13,232,441.71	67.96	.881	253.58	59.84

SNF/ICF	1,080	7,223		378,965.89	52.47	.033	350.89	1.71	
OUTPATIENTS	51,273	187,481		12,853,475.82	68.56	.848	250.69	58.13	
MEDICAL SUPPLIES	3,582	196,833		698,519.24	3.55	.890	195.01	3.16	
@DENTIST	7,694	38,509	\$	1,425,934.79	\$ 37.03	.174	\$ 185.33	\$ 6.45	
VISITS - DIAGNOSTIC	5,239	23,835		308,043.92	12.92	.108	58.80	1.39	
ORAL SURGERY	1,321	3,398		155,266.86	45.69	.015	117.54	.70	
DRUGS	34	37		670.00	18.11	.000	19.71	.00	
ANESTHESIA	17	17		1,200.00	70.59	.000	70.59	.01	
PERIODONTICS	469	503		71,606.25	142.36	.002	152.68	.32	
ENDODONTICS	539	944		149,819.25	158.71	.004	277.96	.68	
RESTORATIVE DENTISTRY	2,434	7,176		472,011.50	65.78	.032	193.92	2.13	
PROSTHETICS	57	67		1,620.00	24.18	.000	28.42	.01	
DENTURES, STAYPLATES	669	2,070		257,225.01	124.26	.009	384.49	1.16	
SPACE MAINTAINERS	17	30		1,062.00	35.40	.000	62.47	.00	
MAXILLOFACIAL SERVICES	13	14		1,030.00	73.57	.000	79.23	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	89	255		5,900.00	23.14	.001	66.29	.03	
ALL OTHER SERVICES	106	163		480.00	2.94	.001	4.53	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 10,142
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC								

						----- MONTHLY AVERAGE -----		
221,128 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	1,918	5,770	\$ 132,947.64	\$ 23.04	.026	\$ 69.32	\$.60	
DIAGNOSTIC AND ANC. PROCED	1,230	1,250	57,371.57	45.90	.006	46.64	.26	
EYE APPLIANCES	1,482	4,391	72,043.45	16.41	.020	48.61	.33	
OTHER OPTOMETRIC SERVICES	99	129	3,532.62	27.38	.001	35.68	.02	
@CHIROPRACTOR	29	58	\$ 961.40	\$ 16.58	.000	\$ 33.15	\$.00	
VISITS	28	57	944.68	16.57	.000	33.74	.00	
OTHER SERVICES	1	1	16.72	16.72	.000	16.72	.00	
@PODIATRIST	896	2,036	\$ 32,855.64	\$ 16.14	.009	\$ 36.67	\$.15	

MEDICINE/INJECTIONS	190	234		6,638.59	28.37	.001	34.94	.03	
SURGERY/ANES.	34	78		3,312.15	42.46	.000	97.42	.01	
RADIO./PATHOLOGY	19	26		451.52	17.37	.000	23.76	.00	
OTHER	708	1,698		22,453.38	13.22	.008	31.71	.10	
@HOME HEALTH AGENCY	739	62,794	\$	2,029,889.99	\$ 32.33	.284	\$ 2746.81	\$ 9.18	
NURSE ANESTHESIST	55	388	\$	2,904.92	\$ 7.49	.002	\$ 52.82	\$.01	
NURSE MIDWIFE	47	435	\$	13,797.73	\$ 31.72	.002	\$ 293.57	\$.06	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	69	191	\$	4,143.92	\$ 21.70	.001	\$ 60.06	\$.02	
@TOTAL HOSPITAL	16,483	105,517	\$	24,956,718.28	\$ 236.52	.477	\$ 1514.09	\$ 112.86	
HOSP INPATIENT TOTAL	3,410	21,142		22,834,373.05	1080.05	.096	6696.30	103.26	
HSC HOSPITALS	3,088	17,923		21,311,812.52	1189.08	.081	6901.49	96.38	
NON-HSC HOSPITAL TOTAL	170	1,703		1,368,746.58	803.73	.008	8051.45	6.19	
ACCOMMODATIONS	167	1,703		762,878.20	447.96	.008	4568.13	3.45	
ADMINISTRATIVE DAYS	61	1,094		233,698.54	213.62	.005	3831.12	1.06	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	106	609		529,179.66	868.93	.003	4992.26	2.39	
ANCILLARIES	170	0		605,868.38	.00	.000	3563.93	2.74	
INPATIENT CROSSOVERS	205	1,516		153,813.95	101.46	.007	750.31	.70	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	14,100	84,375		2,122,345.23	25.15	.382	150.52	9.60	
MEDICAL	1,704	2,374		105,584.11	44.48	.011	61.96	.48	
SURGERY	1,298	1,596		74,234.13	46.51	.007	57.19	.34	
PATHOLOGY	4,834	32,331		286,390.15	8.86	.146	59.24	1.30	
RADIOLOGY	3,462	5,854		461,069.74	78.76	.026	133.18	2.09	
ROOM USE	8,600	12,383		495,559.47	40.02	.056	57.62	2.24	
CROSSOVERS/ALL OTH OUTPTNT	6,853	29,837		699,507.63	23.44	.135	102.07	3.16	
@COUNTY HOSPITAL TOTAL	205	1,286	\$	236,743.96	\$ 184.09	.006	\$ 1154.85	\$ 1.07	
CO HOSPITAL INPATIENT TOTAL	30	182		205,468.65	1128.95	.001	6848.96	.93	
HSC HOSPITALS	30	177		201,521.24	1138.54	.001	6717.37	.91	
NON-HSC HOSPITALS TOTAL	1	5		3,947.41	789.48	.000	3947.41	.02	
ACCOMMODATIONS	1	5		1,156.50	231.30	.000	1156.50	.01	
ADMINISTRATIVE DAYS	1	5		1,156.50	231.30	.000	1156.50	.01	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	1	0		2,790.91	.00	.000	2790.91	.01	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	187	1,104		31,275.31	28.33	.005	167.25	.14	
MEDICAL	48	70		2,517.21	35.96	.000	52.44	.01	
SURGERY	40	59		2,307.79	39.12	.000	57.69	.01	
PATHOLOGY	94	494		7,738.84	15.67	.002	82.33	.03	
RADIOLOGY	31	46		3,833.34	83.33	.000	123.66	.02	
ROOM USE	101	186		8,604.90	46.26	.001	85.20	.04	
CROSSOVERS/ALL OTH OUTPTNT	100	249		6,273.23	25.19	.001	62.73	.03	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 10,143
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC								

	221,128 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	16,300	104,231	\$	24,719,974.32	\$ 237.17	.471	\$ 1516.56	\$ 111.79
COMM HOSP INPATIENT TOTAL	3,383	20,960		22,628,904.40	1079.62	.095	6689.01	102.33
HSC HOSPITALS	3,061	17,746		21,110,291.28	1189.58	.080	6896.53	95.47
NON-HSC HOSPITALS TOTAL	169	1,698		1,364,799.17	803.77	.008	8075.73	6.17
ACCOMMODATIONS	166	1,698		761,721.70	448.60	.008	4588.68	3.44

ADMINISTRATIVE DAYS	60	1,089		232,542.04	213.54	.005	3875.70	1.05
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	106	609		529,179.66	868.93	.003	4992.26	2.39
ANCILLARIES	169	0		603,077.47	.00	.000	3568.51	2.73
INPATIENT CROSSOVERS	205	1,516		153,813.95	101.46	.007	750.31	.70
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	13,927	83,271		2,091,069.92	25.11	.377	150.15	9.46
MEDICAL	1,657	2,304		103,066.90	44.73	.010	62.20	.47
SURGERY	1,260	1,537		71,926.34	46.80	.007	57.08	.33
PATHOLOGY	4,748	31,837		278,651.31	8.75	.144	58.69	1.26
RADIOLOGY	3,434	5,808		457,236.40	78.73	.026	133.15	2.07
ROOM USE	8,505	12,197		486,954.57	39.92	.055	57.26	2.20
CROSSOVERS/ALL OTH OUTPTNT	6,757	29,588		693,234.40	23.43	.134	102.59	3.13
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	968	24,424	\$	3,178,837.88	\$ 130.15	.110	\$ 3283.92	\$ 14.38
LEV A-INTERMEDIATE	42	1,309		92,257.12	70.48	.006	2196.60	.42
LEV B-REHAB MD	15	715		85,761.95	119.95	.003	5717.46	.39
LEV B-SUBACUTE FREESTANDING	3	78		46,959.90	602.05	.000	15653.30	.21
LEV B-SUBACUTE HSPTL BASED	12	338		184,122.70	544.74	.002	15343.56	.83
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	897	21,984		2,769,736.21	125.99	.099	3087.78	12.53
@INTERMEDIATE CARE FACIL.-DD	12	350	\$	51,859.50	\$ 148.17	.002	\$ 4321.63	\$.23
ICF DDH	12	350		51,859.50	148.17	.002	4321.63	.23
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	644	19,875	\$	935,664.00	\$ 47.08	.090	\$ 1452.89	\$ 4.23
HOSPITAL BASED	9	253		44,861.88	177.32	.001	4984.65	.20
HEMODIALYSIS CENTER	637	19,622		890,802.12	45.40	.089	1398.43	4.03
@REHABILITATION FACILITY	267	1,516	\$	37,488.45	\$ 24.73	.007	\$ 140.41	\$.17
HOSPITAL BASED	138	575		20,058.22	34.88	.003	145.35	.09
INDEPENDENT FACILITY	129	941		17,430.23	18.52	.004	135.12	.08
@LABORATORY FACILITY	8,703	32,773	\$	419,435.34	\$ 12.80	.148	\$ 48.19	\$ 1.90
PATHOLOGY	8,680	32,739		419,001.33	12.80	.148	48.27	1.89
XO AND OTHERS	24	34		434.01	12.77	.000	18.08	.00
@ORGANIZED OUTPATIENT CLINIC	5,291	19,790	\$	713,135.72	\$ 36.04	.089	\$ 134.78	\$ 3.22
CLINIC	3,933	16,234		440,268.82	27.12	.073	111.94	1.99
SURGICENTER	265	1,605		68,100.90	42.43	.007	256.98	.31
HEROIN DETOX CLINIC	17	274		2,961.15	10.81	.001	174.19	.01
RURAL HEALTH CLINIC	1,093	1,677		201,804.85	120.34	.008	184.63	.91

#CALIF DEPT OF HEALTH SERV MOP024
SACRAMENTO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC

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01/17/03

		----- MONTHLY AVERAGE -----						
	221,128 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	28,651	678,872	\$	3,264,490.97	\$ 4.81	3.070	\$ 113.94	\$ 14.76
DURABLE MED. EQUIP.	798	2,960		423,470.32	143.06	.013	530.66	1.92
BLOOD BANK	2	60		918.00	15.30	.000	459.00	.00
HEARING AID DISPENSERS	29	35		7,472.83	213.51	.000	257.68	.03
MEDICAL TRANSPORTATION	2,294	99,787		563,623.61	5.65	.451	245.69	2.55
AMBULANCES/AIR TRANS	1,119	11,439		210,514.35	18.40	.052	188.13	.95
OTHER TRANS	726	83,184		283,786.09	3.41	.376	390.89	1.28
OTHER SERVICES	544	5,164		69,323.17	13.42	.023	127.43	.31
ACUPUNCTURE	186	459		8,186.81	17.84	.002	44.02	.04

ADULT DAY HEALTH CARE CTR	230	3,458	230,351.68	66.61	.016	1001.53	1.04
GENETIC DISEASE TESTING	1,800	1,814	147,122.00	81.10	.008	81.73	.67
IHMC, MODEL-NF, NF, AIDS, MSSP	308	14,014	430,441.57	30.72	.063	1397.54	1.95
OCCUPATIONAL THERAPIST	1	1	34.84	34.84	.000	34.84	.00
OPTICIAN	6,536	14,365	150,878.03	10.50	.065	23.08	.68
PHYSICAL THERAPIST	27	227	3,602.32	15.87	.001	133.42	.02
PORTABLE X-RAY	11	21	252.31	12.01	.000	22.94	.00
PROSTHETIST/ORTHOTISTS	314	819	61,611.18	75.23	.004	196.21	.28
PROSTHETICS	217	697	51,896.27	74.46	.003	239.15	.23
ORTHOTICS	110	122	9,714.91	79.63	.001	88.32	.04
PSYCHOLOGIST	25	84	1,588.86	18.92	.000	63.55	.01
SPEECH AND AUDIOLOGY	213	657	53,604.87	81.59	.003	251.67	.24
HOSPICE SERVICES	68	1,312	176,533.21	134.55	.006	2596.08	.80
NONINST BIRTHING CENTERS	4	4	4,028.92	1007.23	.000	1007.23	.02
LOCAL EDUCATION AGENCIES	14,447	95,449	777,446.43	8.15	.432	53.81	3.52
EPSDT SUPPLEMENTAL SERVICE	1	27	595.56	22.06	.000	595.56	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2,205	443,319	222,727.62	.50	2.005	101.01	1.01
@CALIF. CHILDREN SERVICES*	3,436	63,219	\$ 7,497,214.13	\$ 118.59	.286	\$ 2181.96	\$ 33.90
@XOVER EXCLUDING STATE HOSP**	8,848	67,906	\$ 1,307,679.54	\$ 19.26	.307	\$ 147.79	\$ 5.91

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,145
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

871 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,098	36,760	\$ 1,286,057.24	\$ 34.99	42.204	\$ 1171.27	\$ 1476.53
@PHYSICIANS SERVICES	163	540	\$ 11,982.22	\$ 22.19	.620	\$ 73.51	\$ 13.76
OUTPATIENT VISITS	10	12	757.82	63.15	.014	75.78	.87
OFFICE VISITS	6	7	337.42	48.20	.008	56.24	.39
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	5	420.40	84.08	.006	84.08	.48
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	14	99	4,051.49	40.92	.114	289.39	4.65
HOSPITAL VISITS	9	85	3,233.19	38.04	.098	359.24	3.71
CRITICAL CARE	2	4	486.40	121.60	.005	243.20	.56
SNF/ICF/TRANS IP CARE	7	10	331.90	33.19	.011	47.41	.38
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	8	24	1,769.95	73.75	.028	221.24	2.03
PRINCIPAL SURGEON	7	7	1,093.30	156.19	.008	156.19	1.26
ASSISTANT SURGEON	1	1	118.02	118.02	.001	118.02	.14
ANESTHESIOLOGIST	2	16	558.63	34.91	.018	279.32	.64
OUTPATIENT SURGERY	3	6	296.56	49.43	.007	98.85	.34
PRINCIPAL SURGEON	1	1	74.65	74.65	.001	74.65	.09
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	5	221.91	44.38	.006	110.96	.25
DIALYSIS	1	1	56.60	56.60	.001	56.60	.06
PATHOLOGY	2	8	138.96	17.37	.009	69.48	.16

RADIOLOGY	11	25		989.05		39.56	.029	89.91	1.14
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	142	365		3,921.79		10.74	.419	27.62	4.50
@PHARMACY	699	5,373	\$	215,231.91	\$	40.06	6.169	\$ 307.91	\$ 247.11
PRESCRIPTION DRUGS	684	4,005		211,284.34		52.76	4.598	308.90	242.58
SNF/ICF	299	2,286		84,964.00		37.17	2.625	284.16	97.55
OUTPATIENTS	402	1,719		126,320.34		73.48	1.974	314.23	145.03
MEDICAL SUPPLIES	50	1,368		3,947.57		2.89	1.571	78.95	4.53
@DENTIST	100	453	\$	22,907.00	\$	50.57	.520	\$ 229.07	\$ 26.30
VISITS - DIAGNOSTIC	52	174		1,605.00		9.22	.200	30.87	1.84
ORAL SURGERY	29	153		6,281.00		41.05	.176	216.59	7.21
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	2	2		200.00		100.00	.002	100.00	.23
PERIODONTICS	2	2		.00		.00	.002	.00	.00
ENDODONTICS	1	1		.00		.00	.001	.00	.00
RESTORATIVE DENTISTRY	20	51		3,782.00		74.16	.059	189.10	4.34
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	31	68		10,989.00		161.60	.078	354.48	12.62
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	1	2		50.00		25.00	.002	50.00	.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								
MOP024	FEE-FOR-SERVICE/DENTAL								
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 29 MN - SOC - AGED								
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871 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	6	16	\$ 339.14	\$ 21.20	.018	\$ 56.52	\$.39
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.002	47.45	.11
EYE APPLIANCES	5	14	244.24	17.45	.016	48.85	.28
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	18	31	\$ 380.66	\$ 12.28	.036	\$ 21.15	\$.44
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	18	31	380.66	12.28	.036	21.15	.44
@HOME HEALTH AGENCY	2	24	\$ 1,744.36	\$ 72.68	.028	\$ 872.18	\$ 2.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	74	576	\$ 81,605.93	\$ 141.68	.661	\$ 1102.78	\$ 93.69
HOSP INPATIENT TOTAL	17	182	75,364.13	414.09	.209	4433.18	86.53
HSC HOSPITALS	8	65	62,983.54	968.98	.075	7872.94	72.31
NON-HSC HOSPITAL TOTAL	2	17	6,033.59	354.92	.020	3016.80	6.93
ACCOMMODATIONS	2	17	3,460.62	203.57	.020	1730.31	3.97
ADMINISTRATIVE DAYS	2	17	3,460.62	203.57	.020	1730.31	3.97
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	2	0	2,572.97	.00	.000	1286.49	2.95

INPATIENT CROSSOVERS	9	100	6,347.00	63.47	.115	705.22	7.29
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	61	394	6,241.80	15.84	.452	102.32	7.17
MEDICAL	1	1	27.12	27.12	.001	27.12	.03
SURGERY	0	0	5.82CR	.00	.000	.00	.01CR
PATHOLOGY	5	33	299.24	9.07	.038	59.85	.34
RADIOLOGY	1	1	2.34	2.34	.001	2.34	.00
ROOM USE	4	5	177.24	35.45	.006	44.31	.20
CROSSOVERS/ALL OTH OUTPTNT	56	354	5,741.68	16.22	.406	102.53	6.59
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,147
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 29 MN - SOC - AGED AID CODE

	871 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MONTHLY AVERAGE	UNITS/DAYS	COST PER	COST PER
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		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	74	576	\$	81,605.93	\$ 141.68	.661	\$ 1102.78	\$ 93.69
COMM HOSP INPATIENT TOTAL	17	182		75,364.13	414.09	.209	4433.18	86.53
HSC HOSPITALS	8	65		62,983.54	968.98	.075	7872.94	72.31
NON-HSC HOSPITALS TOTAL	2	17		6,033.59	354.92	.020	3016.80	6.93
ACCOMMODATIONS	2	17		3,460.62	203.57	.020	1730.31	3.97
ADMINISTRATIVE DAYS	2	17		3,460.62	203.57	.020	1730.31	3.97
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	2	0		2,572.97	.00	.000	1286.49	2.95
INPATIENT CROSSOVERS	9	100		6,347.00	63.47	.115	705.22	7.29
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	61	394		6,241.80	15.84	.452	102.32	7.17
MEDICAL	1	1		27.12	27.12	.001	27.12	.03
SURGERY	0	0		5.82CR	.00	.000	.00	.01CR
PATHOLOGY	5	33		299.24	9.07	.038	59.85	.34
RADIOLOGY	1	1		2.34	2.34	.001	2.34	.00
ROOM USE	4	5		177.24	35.45	.006	44.31	.20
CROSSOVERS/ALL OTH OUTPTNT	56	354		5,741.68	16.22	.406	102.53	6.59
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	315	8,576	\$	882,579.19	\$ 102.91	9.846	\$ 2801.84	\$ 1013.29
LEV A-INTERMEDIATE	9	372		18,238.30	49.03	.427	2026.48	20.94
LEV B-REHAB MD	2	83		9,213.19	111.00	.095	4606.60	10.58
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	304	8,121		855,127.70	105.30	9.324	2812.92	981.78
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	12	17	\$	6,011.00	\$ 353.59	.020	\$ 500.92	\$ 6.90
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	12	17		6,011.00	353.59	.020	500.92	6.90
@REHABILITATION FACILITY	0	0	\$	8.35	\$.00	.000	\$.00	\$.01
HOSPITAL BASED	0	0		8.35	.00	.000	.00	.01
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	7	26	\$	296.62	\$ 11.41	.030	\$ 42.37	\$.34
PATHOLOGY	7	26		296.62	11.41	.030	42.37	.34
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	10	26	\$	2,223.71	\$ 85.53	.030	\$ 222.37	\$ 2.55
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	2	14		1,202.42	85.89	.016	601.21	1.38
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	9	12		1,021.29	85.11	.014	113.48	1.17
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 10,148
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 29 MN - SOC - AGED							
					AID CODE			
						----- MONTHLY AVERAGE -----		
871 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	190	21,102	\$	60,747.15	\$ 2.88	24.227	\$ 319.72	\$ 69.74
DURABLE MED. EQUIP.	11	52		5,380.07	103.46	.060	489.10	6.18
BLOOD BANK	0	0		.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	105	7,812	27,287.37	3.49	8.969	259.88	31.33
AMBULANCES/AIR TRANS	6	48	681.28	14.19	.055	113.55	.78
OTHER TRANS	72	7,494	24,544.31	3.28	8.604	340.89	28.18
OTHER SERVICES	32	270	2,061.78	7.64	.310	64.43	2.37
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	35	308	19,142.61	62.15	.354	546.93	21.98
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	2	10	196.89	19.69	.011	98.45	.23
OPTICIAN	7	15	228.28	15.22	.017	32.61	.26
PHYSICAL THERAPIST	3	19	373.27	19.65	.022	124.42	.43
PORTABLE X-RAY	3	11	29.67	2.70	.013	9.89	.03
PROSTHETIST/ORTHOTISTS	2	5	85.57	17.11	.006	42.79	.10
PROSTHETICS	2	5	85.57	17.11	.006	42.79	.10
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	3	4	26.26	6.57	.005	8.75	.03
SPEECH AND AUDIOLOGY	3	3	765.83	255.28	.003	255.28	.88
HOSPICE SERVICES	3	23	2,539.02	110.39	.026	846.34	2.92
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	35	12,840	4,692.31	.37	14.742	134.07	5.39
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	279	3,960	65,882.12	16.64	4.546	236.14	75.64

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 10,149
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND	

17 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	20	318	\$ 10,837.06	\$ 34.08	18.706	\$ 541.85	\$ 637.47
@PHYSICIANS SERVICES	16	173	\$ 2,025.70	\$ 11.71	10.176	\$ 126.61	\$ 119.16
OUTPATIENT VISITS	4	4	149.22	37.31	.235	37.31	8.78
OFFICE VISITS	1	1	80.54	80.54	.059	80.54	4.74
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	44.60	44.60	.059	44.60	2.62
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2	24.08	12.04	.118	12.04	1.42
INPATIENT VISITS	0	0	9.40	.00	.000	.00	.55
HOSPITAL VISITS	0	0	9.40	.00	.000	.00	.55
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	36.86	.00	.000	.00	2.17
PRINCIPAL SURGEON	0	0	36.86	.00	.000	.00	2.17
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	1	1		2.82		2.82	.059	2.82	.17
RADIOLOGY	2	2		85.38		42.69	.118	42.69	5.02
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	14	166		1,742.02		10.49	9.765	124.43	102.47
@PHARMACY	13	56	\$	3,272.98	\$	58.45	3.294	251.77	192.53
PRESCRIPTION DRUGS	13	47		2,934.08		62.43	2.765	225.70	172.59
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	13	47		2,934.08		62.43	2.765	225.70	172.59
MEDICAL SUPPLIES	7	9		338.90		37.66	.529	48.41	19.94
@DENTIST	4	20	\$	607.00	\$	30.35	1.176	151.75	35.71
VISITS - DIAGNOSTIC	2	4		40.00		10.00	.235	20.00	2.35
ORAL SURGERY	1	15		567.00		37.80	.882	567.00	33.35
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	1	1		.00		.00	.059	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND AID CODE

17 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 16.02	\$ 16.02	.059	\$ 16.02	\$.94
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	1	16.02	16.02	.059	16.02	.94
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	4	33	\$ 3,489.59	\$ 105.75	1.941	\$ 872.40	\$ 205.27
HOSP INPATIENT TOTAL	2	13	3,038.00	233.69	.765	1519.00	178.71
HSC HOSPITALS	1	2	2,226.00	1113.00	.118	2226.00	130.94

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	11	812.00	73.82	.647	812.00	47.76
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	20	451.59	22.58	1.176	150.53	26.56
MEDICAL	0	0	12.60	.00	.000	.00	.74
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	3.15	.00	.000	.00	.19
RADIOLOGY	1	1	50.70	50.70	.059	50.70	2.98
ROOM USE	2	4	140.86	35.22	.235	70.43	8.29
CROSSOVERS/ALL OTH OUTPTNT	2	15	244.28	16.29	.882	122.14	14.37
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND AID CODE

17 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	33	\$ 3,489.59	\$ 105.75	1.941	\$ 872.40	\$ 205.27
COMM HOSP INPATIENT TOTAL	2	13	3,038.00	233.69	.765	1519.00	178.71
HSC HOSPITALS	1	2	2,226.00	1113.00	.118	2226.00	130.94
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	11	812.00	73.82	.647	812.00	47.76
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	20	451.59	22.58	1.176	150.53	26.56
MEDICAL	0	0	12.60	.00	.000	.00	.74
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	3.15	.00	.000	.00	.19
RADIOLOGY	1	1	50.70	50.70	.059	50.70	2.98
ROOM USE	2	4	140.86	35.22	.235	70.43	8.29

CROSSOVERS/ALL OTH OUTPTNT	2	15		244.28		16.29	.882	122.14	14.37
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	3	3	\$	960.80	\$	320.27	.176	\$ 320.27	\$ 56.52
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	3	3		960.80		320.27	.176	320.27	56.52
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	1	3	\$	40.23	\$	13.41	.176	\$ 40.23	\$ 2.37
PATHOLOGY	1	3		40.23		13.41	.176	40.23	2.37
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	.00

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 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND AID CODE

17 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	7	29	\$ 424.74	\$ 14.65	1.706	\$ 60.68	\$ 24.98
DURABLE MED. EQUIP.	1	2	100.00	50.00	.118	100.00	5.88
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	4	21	237.10	11.29	1.235	59.28	13.95
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	4	21	237.10	11.29	1.235	59.28	13.95
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	6	87.64	14.61	.353	21.91	5.16
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	10	202	\$ 2,786.27	\$ 13.79	11.882	\$ 278.63	\$ 163.90

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

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2,027 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,742	57,924	\$ 3,821,956.72	\$ 65.98	28.576	\$ 1393.86	\$ 1885.52
@PHYSICIANS SERVICES	891	6,613	\$ 253,204.03	\$ 38.29	3.262	\$ 284.18	\$ 124.92
OUTPATIENT VISITS	284	425	17,473.65	41.11	.210	61.53	8.62
OFFICE VISITS	112	181	5,653.32	31.23	.089	50.48	2.79
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	118	135	9,357.62	69.32	.067	79.30	4.62
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	78	109	2,462.71	22.59	.054	31.57	1.21
INPATIENT VISITS	123	988	42,326.68	42.84	.487	344.12	20.88
HOSPITAL VISITS	114	928	36,731.79	39.58	.458	322.21	18.12
CRITICAL CARE	15	44	5,136.68	116.74	.022	342.45	2.53
SNF/ICF/TRANS IP CARE	11	16	458.21	28.64	.008	41.66	.23
OPHTHALMOLOGICAL SERVICES	11	9	352.84	39.20	.004	32.08	.17

EXAMINATIONS	11	9		352.84		39.20	.004	32.08	.17
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	58	308		28,970.86		94.06	.152	499.50	14.29
PRINCIPAL SURGEON	50	92		22,315.67		242.56	.045	446.31	11.01
ASSISTANT SURGEON	5	5		1,294.86		258.97	.002	258.97	.64
ANESTHESIOLOGIST	15	211		5,360.33		25.40	.104	357.36	2.64
OUTPATIENT SURGERY	55	125		9,788.76		78.31	.062	177.98	4.83
PRINCIPAL SURGEON	44	52		7,808.56		150.16	.026	177.47	3.85
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	14	73		1,980.20		27.13	.036	141.44	.98
DIALYSIS	4	46		2,237.30		48.64	.023	559.33	1.10
PATHOLOGY	93	416		7,878.02		18.94	.205	84.71	3.89
RADIOLOGY	238	812		40,077.65		49.36	.401	168.39	19.77
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	29	1,322		59,887.21		45.30	.652	2065.08	29.54
OTHER SERVICES/ALL X-OVERS	547	2,162		44,211.06		20.45	1.067	80.82	21.81
@PHARMACY	1,757	19,706	\$	1,670,017.35	\$	84.75	9.722	\$ 950.49	\$ 823.89
PRESCRIPTION DRUGS	1,729	10,855		1,640,500.70		151.13	5.355	948.81	809.32
SNF/ICF	72	559		44,334.17		79.31	.276	615.75	21.87
OUTPATIENTS	1,679	10,296		1,596,166.53		155.03	5.079	950.66	787.45
MEDICAL SUPPLIES	139	8,851		29,516.65		3.33	4.367	212.35	14.56
@DENTIST	217	979	\$	26,726.11	\$	27.30	.483	\$ 123.16	\$ 13.19
VISITS - DIAGNOSTIC	139	596		4,183.60		7.02	.294	30.10	2.06
ORAL SURGERY	39	146		4,652.95		31.87	.072	119.31	2.30
DRUGS	2	2		.00		.00	.001	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	13	18		1,080.00		60.00	.009	83.08	.53
ENDODONTICS	16	20		1,721.00		86.05	.010	107.56	.85
RESTORATIVE DENTISTRY	61	145		9,744.56		67.20	.072	159.75	4.81
PROSTHETICS	4	4		.00		.00	.002	.00	.00
DENTURES, STAYPLATES	17	33		5,344.00		161.94	.016	314.35	2.64
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	7	15		.00		.00	.007	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 10,154
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SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W								

						----- MONTHLY AVERAGE -----		
2,027 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	28	76	\$ 1,543.22	\$ 20.31	.037	\$ 55.12	\$.76	
DIAGNOSTIC AND ANC. PROCED	14	14	664.30	47.45	.007	47.45	.33	
EYE APPLIANCES	22	62	878.92	14.18	.031	39.95	.43	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	23	62	\$ 874.64	\$ 14.11	.031	\$ 38.03	\$.43	
MEDICINE/INJECTIONS	3	7	167.60	23.94	.003	55.87	.08	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	20	55	707.04	12.86	.027	35.35	.35	
@HOME HEALTH AGENCY	29	1,362	\$ 56,416.77	\$ 41.42	.672	\$ 1945.41	\$ 27.83	
NURSE ANESTHESIST	3	40	\$ 108.93	\$ 2.72	.020	\$ 36.31	\$.05	

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	573	6,141	\$	1,267,638.59	\$	206.42	3.030	\$	2212.28	\$	625.38
HOSP INPATIENT TOTAL	136	1,251		1,164,543.72		930.89	.617		8562.82		574.52
HSC HOSPITALS	101	974		1,083,837.14		1112.77	.481		10731.06		534.70
NON-HSC HOSPITAL TOTAL	15	74		67,096.21		906.71	.037		4473.08		33.10
ACCOMMODATIONS	15	74		24,714.85		333.98	.037		1647.66		12.19
ADMINISTRATIVE DAYS	8	56		11,107.58		198.35	.028		1388.45		5.48
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	7	18		13,607.27		755.96	.009		1943.90		6.71
ANCILLARIES	15	0		42,381.36		.00	.000		2825.42		20.91
INPATIENT CROSSOVERS	23	203		13,610.37		67.05	.100		591.76		6.71
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	473	4,890		103,094.87		21.08	2.412		217.96		50.86
MEDICAL	78	106		4,538.68		42.82	.052		58.19		2.24
SURGERY	26	15		1,256.78		83.79	.007		48.34		.62
PATHOLOGY	165	1,525		11,770.54		7.72	.752		71.34		5.81
RADIOLOGY	118	266		23,063.13		86.70	.131		195.45		11.38
ROOM USE	200	344		12,867.02		37.40	.170		64.34		6.35
CROSSOVERS/ALL OTH OUTPTNT	296	2,634		49,598.72		18.83	1.299		167.56		24.47
@COUNTY HOSPITAL TOTAL	6	30	\$	924.41	\$	30.81	.015	\$	154.07	\$	.46
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	6	30		924.41		30.81	.015		154.07		.46
MEDICAL	1	1		175.07		175.07	.000		175.07		.09
SURGERY	0	0		1.68		.00	.000		.00		.00
PATHOLOGY	1	5		60.60		12.12	.002		60.60		.03
RADIOLOGY	2	3		404.64		134.88	.001		202.32		.20
ROOM USE	1	1		74.08		74.08	.000		74.08		.04
CROSSOVERS/ALL OTH OUTPTNT	5	20		208.34		10.42	.010		41.67		.10

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,155
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

2,027 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	568	6,111	\$ 1,266,714.18	\$ 207.28	3.015	\$ 2230.13	\$ 624.92
COMM HOSP INPATIENT TOTAL	136	1,251	1,164,543.72	930.89	.617	8562.82	574.52
HSC HOSPITALS	101	974	1,083,837.14	1112.77	.481	10731.06	534.70
NON-HSC HOSPITALS TOTAL	15	74	67,096.21	906.71	.037	4473.08	33.10
ACCOMMODATIONS	15	74	24,714.85	333.98	.037	1647.66	12.19
ADMINISTRATIVE DAYS	8	56	11,107.58	198.35	.028	1388.45	5.48
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	18	13,607.27	755.96	.009	1943.90	6.71
ANCILLARIES	15	0	42,381.36	.00	.000	2825.42	20.91
INPATIENT CROSSOVERS	23	203	13,610.37	67.05	.100	591.76	6.71
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	468	4,860		102,170.46	21.02	2.398	218.31	50.40
MEDICAL	77	105		4,363.61	41.56	.052	56.67	2.15
SURGERY	26	15		1,255.10	83.67	.007	48.27	.62
PATHOLOGY	164	1,520		11,709.94	7.70	.750	71.40	5.78
RADIOLOGY	116	263		22,658.49	86.15	.130	195.33	11.18
ROOM USE	199	343		12,792.94	37.30	.169	64.29	6.31
CROSSOVERS/ALL OTH OUTPTNT	292	2,614		49,390.38	18.89	1.290	169.15	24.37
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	64	1,852	\$	239,474.19	\$ 129.31	.914	\$ 3741.78	\$ 118.14
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	1	14		7,393.82	528.13	.007	7393.82	3.65
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	63	1,838		232,080.37	126.27	.907	3683.82	114.49
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	82	127	\$	56,922.56	\$ 448.21	.063	\$ 694.18	\$ 28.08
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	82	127		56,922.56	448.21	.063	694.18	28.08
@REHABILITATION FACILITY	1	2	\$	329.38	\$ 164.69	.001	\$ 329.38	\$.16
HOSPITAL BASED	1	2		329.38	164.69	.001	329.38	.16
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	108	691	\$	6,813.94	\$ 9.86	.341	\$ 63.09	\$ 3.36
PATHOLOGY	106	687		6,759.88	9.84	.339	63.77	3.33
XO AND OTHERS	2	4		54.06	13.52	.002	27.03	.03
@ORGANIZED OUTPATIENT CLINIC	72	214	\$	5,041.01	\$ 23.56	.106	\$ 70.01	\$ 2.49
CLINIC	61	186		2,182.51	11.73	.092	35.78	1.08
SURGICENTER	2	11		709.11	64.46	.005	354.56	.35
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	9	17		2,149.39	126.43	.008	238.82	1.06

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,156
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

					----- MONTHLY AVERAGE -----			
2,027 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	429	20,059	\$ 236,846.00	\$ 11.81	9.896	\$ 552.09	\$ 116.85	
DURABLE MED. EQUIP.	37	103	17,263.43	167.61	.051	466.58	8.52	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	162	10,755	45,533.02	4.23	5.306	281.07	22.46	
AMBULANCES/AIR TRANS	54	506	9,190.85	18.16	.250	170.20	4.53	
OTHER TRANS	68	9,838	33,379.41	3.39	4.853	490.87	16.47	
OTHER SERVICES	45	411	2,962.76	7.21	.203	65.84	1.46	
ACUPUNCTURE	2	2	47.30	23.65	.001	23.65	.02	
ADULT DAY HEALTH CARE CTR	12	209	13,292.03	63.60	.103	1107.67	6.56	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	125	2,265	94,761.20	41.84	1.117	758.09	46.75	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	38	91	1,196.50	13.15	.045	31.49	.59	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	46.44	46.44	.000	46.44	.02
SPEECH AND AUDIOLOGY	3	7	1,408.05	201.15	.003	469.35	.69
HOSPICE SERVICES	9	421	54,183.19	128.70	.208	6020.35	26.73
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	11	128	746.22	5.83	.063	67.84	.37
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	94	6,077	8,368.62	1.38	2.998	89.03	4.13
@CALIF. CHILDREN SERVICES*	19	936	\$ 13,106.19	\$ 14.00	.462	\$ 689.80	\$ 6.47
@XOVER EXCLUDING STATE HOSP**	613	10,675	\$ 150,040.25	\$ 14.06	5.266	\$ 244.76	\$ 74.02

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 10,157
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37	

1,641 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,079	14,917	\$ 1,398,350.31	\$ 93.74	9.090	\$ 672.61	\$ 852.13
@PHYSICIANS SERVICES	1,107	4,609	\$ 222,303.44	\$ 48.23	2.809	\$ 200.82	\$ 135.47
OUTPATIENT VISITS	716	921	41,443.10	45.00	.561	57.88	25.25
OFFICE VISITS	240	319	9,906.23	31.05	.194	41.28	6.04
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	411	456	27,172.85	59.59	.278	66.11	16.56
PREVENTIVE CARE	1	1	65.78	65.78	.001	65.78	.04
OB VISITS/COMPRE PERI	14	32	1,695.80	52.99	.020	121.13	1.03

OTHER OUTPATIENT	91	113		2,602.44	23.03	.069	28.60	1.59
INPATIENT VISITS	124	581		30,827.30	53.06	.354	248.61	18.79
HOSPITAL VISITS	121	543		24,061.33	44.31	.331	198.85	14.66
CRITICAL CARE	10	38		6,765.97	178.05	.023	676.60	4.12
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	8	9		363.41	40.38	.005	45.43	.22
EXAMINATIONS	8	9		363.41	40.38	.005	45.43	.22
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	105	866		68,473.10	79.07	.528	652.12	41.73
PRINCIPAL SURGEON	64	138		48,536.46	351.71	.084	758.38	29.58
ASSISTANT SURGEON	13	13		3,135.59	241.20	.008	241.20	1.91
ANESTHESIOLOGIST	53	715		16,801.05	23.50	.436	317.00	10.24
OUTPATIENT SURGERY	113	229		22,531.96	98.39	.140	199.40	13.73
PRINCIPAL SURGEON	100	114		19,226.49	168.65	.069	192.26	11.72
ASSISTANT SURGEON	1	1		297.84	297.84	.001	297.84	.18
ANESTHESIOLOGIST	22	114		3,007.63	26.38	.069	136.71	1.83
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	131	274		4,973.03	18.15	.167	37.96	3.03
RADIOLOGY	400	1,117		36,289.80	32.49	.681	90.72	22.11
PSYCHIATRY	3	8		530.49	66.31	.005	176.83	.32
IMMUNIZATION AND INJECTION	17	138		1,468.64	10.64	.084	86.39	.89
OTHER SERVICES/ALL X-OVERS	191	466		15,402.61	33.05	.284	80.64	9.39
@PHARMACY	544	2,286	\$	118,827.85	\$ 51.98	1.393	\$ 218.43	\$ 72.41
PRESCRIPTION DRUGS	533	1,658		115,881.75	69.89	1.010	217.41	70.62
SNF/ICF	2	18		560.46	31.14	.011	280.23	.34
OUTPATIENTS	531	1,640		115,321.29	70.32	.999	217.18	70.28
MEDICAL SUPPLIES	44	628		2,946.10	4.69	.383	66.96	1.80
@DENTIST	204	1,129	\$	38,049.00	\$ 33.70	.688	\$ 186.51	\$ 23.19
VISITS - DIAGNOSTIC	139	619		6,058.25	9.79	.377	43.58	3.69
ORAL SURGERY	35	88		5,272.75	59.92	.054	150.65	3.21
DRUGS	1	1		25.00	25.00	.001	25.00	.02
ANESTHESIA	1	1		99.00	99.00	.001	99.00	.06
PERIODONTICS	13	13		1,541.00	118.54	.008	118.54	.94
ENDODONTICS	15	29		5,134.00	177.03	.018	342.27	3.13
RESTORATIVE DENTISTRY	95	314		17,744.00	56.51	.191	186.78	10.81
PROSTHETICS	2	2		50.00	25.00	.001	25.00	.03
DENTURES, STAYPLATES	10	37		2,125.00	57.43	.023	212.50	1.29
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	4	6		.00	.00	.004	.00	.00
ALL OTHER SERVICES	7	19		.00	.00	.012	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 SACRAMENTO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

PAGE 10,158 01/17/03

	1,641 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	37	111	\$	2,475.55	\$ 22.30	.068	\$ 66.91	\$ 1.51
DIAGNOSTIC AND ANC. PROCED	27	27		1,239.11	45.89	.016	45.89	.76
EYE APPLIANCES	27	83		1,198.94	14.45	.051	44.41	.73
OTHER OPTOMETRIC SERVICES	1	1		37.50	37.50	.001	37.50	.02
@CHIROPRACTOR	8	19	\$	300.96	\$ 15.84	.012	\$ 37.62	\$.18
VISITS	8	19		300.96	15.84	.012	37.62	.18
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	7	9	\$	504.87	\$ 56.10	.005	\$ 72.12	\$.31

----- MONTHLY AVERAGE -----

MEDICINE/INJECTIONS	4	6		224.79	37.47	.004	56.20	.14	
SURGERY/ANES.	2	2		265.08	132.54	.001	132.54	.16	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00	
OTHER	1	1		15.00	15.00	.001	15.00	.01	
@HOME HEALTH AGENCY	18	104	\$	6,866.00	\$ 66.02	.063	\$ 381.44	\$ 4.18	
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	727	4,814	\$	931,140.08	\$ 193.42	2.934	\$ 1280.80	\$ 567.42	
HOSP INPATIENT TOTAL	140	807		840,686.47	1041.74	.492	6004.90	512.30	
HSC HOSPITALS	136	763		791,742.88	1037.67	.465	5821.64	482.48	
NON-HSC HOSPITAL TOTAL	6	44		48,943.59	1112.35	.027	8157.27	29.83	
ACCOMMODATIONS	6	44		19,218.44	436.78	.027	3203.07	11.71	
ADMINISTRATIVE DAYS	1	24		5,562.49	231.77	.015	5562.49	3.39	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	5	20		13,655.95	682.80	.012	2731.19	8.32	
ANCILLARIES	6	0		29,725.15	.00	.000	4954.19	18.11	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	626	4,007		90,453.61	22.57	2.442	144.49	55.12	
MEDICAL	125	166		5,121.63	30.85	.101	40.97	3.12	
SURGERY	70	75		2,846.40	37.95	.046	40.66	1.73	
PATHOLOGY	282	1,942		14,950.12	7.70	1.183	53.01	9.11	
RADIOLOGY	254	431		30,396.18	70.52	.263	119.67	18.52	
ROOM USE	489	664		22,401.34	33.74	.405	45.81	13.65	
CROSSOVERS/ALL OTH OUTPTNT	299	729		14,737.94	20.22	.444	49.29	8.98	
@COUNTY HOSPITAL TOTAL	4	17	\$	334.14	\$ 19.66	.010	\$ 83.54	\$.20	
CO HOSPITAL INPATIENT TOTAL	1	6		.00	.00	.004	.00	.00	
HSC HOSPITALS	1	6		.00	.00	.004	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	3	11		334.14	30.38	.007	111.38	.20	
MEDICAL	2	3		137.74	45.91	.002	68.87	.08	
SURGERY	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	1	1		3.82	3.82	.001	3.82	.00	
RADIOLOGY	1	2		60.64	30.32	.001	60.64	.04	
ROOM USE	1	3		115.88	38.63	.002	115.88	.07	
CROSSOVERS/ALL OTH OUTPTNT	1	2		16.06	8.03	.001	16.06	.01	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 10,159
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37								

	1,641 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	725		4,797	\$ 930,805.94	\$ 194.04	2.923	\$ 1283.87	\$ 567.22
COMM HOSP INPATIENT TOTAL	139		801	840,686.47	1049.55	.488	6048.10	512.30
HSC HOSPITALS	135		757	791,742.88	1045.90	.461	5864.76	482.48
NON-HSC HOSPITALS TOTAL	6		44	48,943.59	1112.35	.027	8157.27	29.83
ACCOMMODATIONS	6		44	19,218.44	436.78	.027	3203.07	11.71

ADMINISTRATIVE DAYS	1	24		5,562.49	231.77	.015	5562.49	3.39
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	20		13,655.95	682.80	.012	2731.19	8.32
ANCILLARIES	6	0		29,725.15	.00	.000	4954.19	18.11
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	625	3,996		90,119.47	22.55	2.435	144.19	54.92
MEDICAL	123	163		4,983.89	30.58	.099	40.52	3.04
SURGERY	70	75		2,846.40	37.95	.046	40.66	1.73
PATHOLOGY	282	1,941		14,946.30	7.70	1.183	53.00	9.11
RADIOLOGY	254	429		30,335.54	70.71	.261	119.43	18.49
ROOM USE	488	661		22,285.46	33.71	.403	45.67	13.58
CROSSOVERS/ALL OTH OUTPTNT	298	727		14,721.88	20.25	.443	49.40	8.97
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	2	92	\$	22,223.16	\$ 241.56	.056	\$ 11111.58	\$ 13.54
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	2	92		22,223.16	241.56	.056	11111.58	13.54
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	4	6	\$	2,779.23	\$ 463.21	.004	\$ 694.81	\$ 1.69
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	4	6		2,779.23	463.21	.004	694.81	1.69
@REHABILITATION FACILITY	7	38	\$	767.12	\$ 20.19	.023	\$ 109.59	\$.47
HOSPITAL BASED	7	38		767.12	20.19	.023	109.59	.47
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	128	495	\$	7,170.45	\$ 14.49	.302	\$ 56.02	\$ 4.37
PATHOLOGY	128	495		7,170.45	14.49	.302	56.02	4.37
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	49	130	\$	4,212.38	\$ 32.40	.079	\$ 85.97	\$ 2.57
CLINIC	37	73		2,281.23	31.25	.044	61.65	1.39
SURGICENTER	11	56		1,577.87	28.18	.034	143.44	.96
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1		353.28	353.28	.001	353.28	.22

#CALIF DEPT OF HEALTH SERV MOP024 SACRAMENTO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

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	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
1,641 ELIGIBLES							
@ALL OTHER PROVIDERS	146	1,075	\$ 40,730.22	\$ 37.89	.655	\$ 278.97	\$ 24.82
DURABLE MED. EQUIP.	17	46	13,958.08	303.44	.028	821.06	8.51
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	88	871	24,800.06	28.47	.531	281.82	15.11
AMBULANCES/AIR TRANS	86	815	17,419.91	21.37	.497	202.56	10.62
OTHER TRANS	3	52	180.15	3.46	.032	60.05	.11
OTHER SERVICES	4	4	7,200.00	1800.00	.002	1800.00	4.39
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

----- MONTHLY AVERAGE -----

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	3	3	251.00	83.67	.002	83.67	.15
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	22	57	594.50	10.43	.035	27.02	.36
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	17	313.61	18.45	.010	104.54	.19
PROSTHETICS	3	17	313.61	18.45	.010	104.54	.19
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	20	81	812.97	10.04	.049	40.65	.50
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	55	852	\$ 240,305.81	\$ 282.05	.519	\$ 4369.20	\$ 146.44
@XOVER EXCLUDING STATE HOSP**	6	18	\$ 2,870.42	\$ 159.47	.011	\$ 478.40	\$ 1.75

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC

4,556 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	5,939	109,919	\$ 6,517,201.33	\$ 59.29	24.126	\$ 1097.36	\$ 1430.47
@PHYSICIANS SERVICES	2,177	11,935	\$ 489,515.39	\$ 41.02	2.620	\$ 224.86	\$ 107.44
OUTPATIENT VISITS	1,014	1,362	59,823.79	43.92	.299	59.00	13.13
OFFICE VISITS	359	508	15,977.51	31.45	.112	44.51	3.51
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	535	597	36,995.47	61.97	.131	69.15	8.12
PREVENTIVE CARE	1	1	65.78	65.78	.000	65.78	.01
OB VISITS/COMPRE PERI	14	32	1,695.80	52.99	.007	121.13	.37
OTHER OUTPATIENT	171	224	5,089.23	22.72	.049	29.76	1.12
INPATIENT VISITS	261	1,668	77,214.87	46.29	.366	295.84	16.95
HOSPITAL VISITS	244	1,556	64,035.71	41.15	.342	262.44	14.06
CRITICAL CARE	27	86	12,389.05	144.06	.019	458.85	2.72
SNF/ICF/TRANS IP CARE	18	26	790.11	30.39	.006	43.90	.17
OPHTHALMOLOGICAL SERVICES	19	18	716.25	39.79	.004	37.70	.16
EXAMINATIONS	19	18	716.25	39.79	.004	37.70	.16
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	171	1,198	99,250.77	82.85	.263	580.41	21.78
PRINCIPAL SURGEON	121	237	71,982.29	303.72	.052	594.89	15.80
ASSISTANT SURGEON	19	19	4,548.47	239.39	.004	239.39	1.00
ANESTHESIOLOGIST	70	942	22,720.01	24.12	.207	324.57	4.99
OUTPATIENT SURGERY	171	360	32,617.28	90.60	.079	190.74	7.16
PRINCIPAL SURGEON	145	167	27,109.70	162.33	.037	186.96	5.95
ASSISTANT SURGEON	1	1	297.84	297.84	.000	297.84	.07
ANESTHESIOLOGIST	38	192	5,209.74	27.13	.042	137.10	1.14
DIALYSIS	5	47	2,293.90	48.81	.010	458.78	.50
PATHOLOGY	227	699	12,992.83	18.59	.153	57.24	2.85

RADIOLOGY	651	1,956		77,441.88	39.59	.429	118.96	17.00	
PSYCHIATRY	3	8		530.49	66.31	.002	176.83	.12	
IMMUNIZATION AND INJECTION	46	1,460		61,355.85	42.02	.320	1333.82	13.47	
OTHER SERVICES/ALL X-OVERS	894	3,159		65,277.48	20.66	.693	73.02	14.33	
@PHARMACY	3,013	27,421	\$	2,007,350.09	\$ 73.20	6.019	\$ 666.23	\$ 440.59	
PRESCRIPTION DRUGS	2,959	16,565		1,970,600.87	118.96	3.636	665.97	432.53	
SNF/ICF	373	2,863		129,858.63	45.36	.628	348.15	28.50	
OUTPATIENTS	2,625	13,702		1,840,742.24	134.34	3.007	701.24	404.03	
MEDICAL SUPPLIES	240	10,856		36,749.22	3.39	2.383	153.12	8.07	
@DENTIST	525	2,581	\$	88,289.11	\$ 34.21	.567	\$ 168.17	\$ 19.38	
VISITS - DIAGNOSTIC	332	1,393		11,886.85	8.53	.306	35.80	2.61	
ORAL SURGERY	104	402		16,773.70	41.73	.088	161.29	3.68	
DRUGS	3	3		25.00	8.33	.001	8.33	.01	
ANESTHESIA	3	3		299.00	99.67	.001	99.67	.07	
PERIODONTICS	29	34		2,621.00	77.09	.007	90.38	.58	
ENDODONTICS	32	50		6,855.00	137.10	.011	214.22	1.50	
RESTORATIVE DENTISTRY	176	510		31,270.56	61.31	.112	177.67	6.86	
PROSTHETICS	6	6		50.00	8.33	.001	8.33	.01	
DENTURES, STAYPLATES	58	138		18,458.00	133.75	.030	318.24	4.05	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	4	6		.00	.00	.001	.00	.00	
ALL OTHER SERVICES	15	36		50.00	1.39	.008	3.33	.01	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 10,162
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC								

	4,556 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	71	203	\$	4,357.91	\$ 21.47	.045	\$ 61.38	\$.96
DIAGNOSTIC AND ANC. PROCED	43	43		1,998.31	46.47	.009	46.47	.44

EYE APPLIANCES	54	159		2,322.10	14.60	.035	43.00	.51
OTHER OPTOMETRIC SERVICES	1	1		37.50	37.50	.000	37.50	.01
@CHIROPRACTOR	8	19	\$	300.96	\$ 15.84	.004	\$ 37.62	\$.07
VISITS	8	19		300.96	15.84	.004	37.62	.07
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	49	103	\$	1,776.19	\$ 17.24	.023	\$ 36.25	\$.39
MEDICINE/INJECTIONS	7	13		392.39	30.18	.003	56.06	.09
SURGERY/ANES.	2	2		265.08	132.54	.000	132.54	.06
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	40	88		1,118.72	12.71	.019	27.97	.25
@HOME HEALTH AGENCY	49	1,490	\$	65,027.13	\$ 43.64	.327	\$ 1327.08	\$ 14.27
NURSE ANESTHESIST	3	40	\$	108.93	\$ 2.72	.009	\$ 36.31	\$.02
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1,378	11,564	\$	2,283,874.19	\$ 197.50	2.538	\$ 1657.38	\$ 501.29
HOSP INPATIENT TOTAL	295	2,253		2,083,632.32	924.83	.495	7063.16	457.34
HSC HOSPITALS	246	1,804		1,940,789.56	1075.83	.396	7889.39	425.99
NON-HSC HOSPITAL TOTAL	23	135		122,073.39	904.25	.030	5307.54	26.79
ACCOMMODATIONS	23	135		47,393.91	351.07	.030	2060.60	10.40
ADMINISTRATIVE DAYS	11	97		20,130.69	207.53	.021	1830.06	4.42
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	12	38		27,263.22	717.45	.008	2271.94	5.98
ANCILLARIES	23	0		74,679.48	.00	.000	3246.93	16.39
INPATIENT CROSSOVERS	33	314		20,769.37	66.14	.069	629.37	4.56
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,163	9,311		200,241.87	21.51	2.044	172.18	43.95
MEDICAL	204	273		9,700.03	35.53	.060	47.55	2.13
SURGERY	96	90		4,097.36	45.53	.020	42.68	.90
PATHOLOGY	452	3,500		27,023.05	7.72	.768	59.79	5.93
RADIOLOGY	374	699		53,512.35	76.56	.153	143.08	11.75
ROOM USE	695	1,017		35,586.46	34.99	.223	51.20	7.81
CROSSOVERS/ALL OTH OUTPTNT	653	3,732		70,322.62	18.84	.819	107.69	15.44
@COUNTY HOSPITAL TOTAL	10	47	\$	1,258.55	\$ 26.78	.010	\$ 125.86	\$.28
CO HOSPITAL INPATIENT TOTAL	1	6		.00	.00	.001	.00	.00
HSC HOSPITALS	1	6		.00	.00	.001	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	9	41		1,258.55	30.70	.009	139.84	.28
MEDICAL	3	4		312.81	78.20	.001	104.27	.07
SURGERY	0	0		1.68	.00	.000	.00	.00
PATHOLOGY	2	6		64.42	10.74	.001	32.21	.01
RADIOLOGY	3	5		465.28	93.06	.001	155.09	.10
ROOM USE	2	4		189.96	47.49	.001	94.98	.04
CROSSOVERS/ALL OTH OUTPTNT	6	22		224.40	10.20	.005	37.40	.05

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SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC

----- MONTHLY AVERAGE -----
4,556 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,371	11,517	\$	2,282,615.64	\$ 198.20	2.528	\$ 1664.93	\$ 501.01
COMM HOSP INPATIENT TOTAL	294	2,247		2,083,632.32	927.30	.493	7087.18	457.34
HSC HOSPITALS	245	1,798		1,940,789.56	1079.42	.395	7921.59	425.99
NON-HSC HOSPITALS TOTAL	23	135		122,073.39	904.25	.030	5307.54	26.79
ACCOMMODATIONS	23	135		47,393.91	351.07	.030	2060.60	10.40
ADMINISTRATIVE DAYS	11	97		20,130.69	207.53	.021	1830.06	4.42
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	12	38		27,263.22	717.45	.008	2271.94	5.98
ANCILLARIES	23	0		74,679.48	.00	.000	3246.93	16.39
INPATIENT CROSSOVERS	33	314		20,769.37	66.14	.069	629.37	4.56
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,157	9,270		198,983.32	21.47	2.035	171.98	43.68
MEDICAL	201	269		9,387.22	34.90	.059	46.70	2.06
SURGERY	96	90		4,095.68	45.51	.020	42.66	.90
PATHOLOGY	451	3,494		26,958.63	7.72	.767	59.78	5.92
RADIOLOGY	372	694		53,047.07	76.44	.152	142.60	11.64
ROOM USE	693	1,013		35,396.50	34.94	.222	51.08	7.77
CROSSOVERS/ALL OTH OUTPTNT	648	3,710		70,098.22	18.89	.814	108.18	15.39
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	381	10,520	\$	1,144,276.54	\$ 108.77	2.309	\$ 3003.35	\$ 251.16
LEV A-INTERMEDIATE	9	372		18,238.30	49.03	.082	2026.48	4.00
LEV B-REHAB MD	2	83		9,213.19	111.00	.018	4606.60	2.02
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	1	14		7,393.82	528.13	.003	7393.82	1.62
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	369	10,051		1,109,431.23	110.38	2.206	3006.59	243.51
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	101	153	\$	66,673.59	\$ 435.78	.034	\$ 660.13	\$ 14.63
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	101	153		66,673.59	435.78	.034	660.13	14.63
@REHABILITATION FACILITY	8	40	\$	1,104.85	\$ 27.62	.009	\$ 138.11	\$.24
HOSPITAL BASED	8	40		1,104.85	27.62	.009	138.11	.24
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	244	1,215	\$	14,321.24	\$ 11.79	.267	\$ 58.69	\$ 3.14
PATHOLOGY	242	1,211		14,267.18	11.78	.266	58.96	3.13
XO AND OTHERS	2	4		54.06	13.52	.001	27.03	.01
@ORGANIZED OUTPATIENT CLINIC	131	370	\$	11,477.10	\$ 31.02	.081	\$ 87.61	\$ 2.52
CLINIC	98	259		4,463.74	17.23	.057	45.55	.98
SURGICENTER	15	81		3,489.40	43.08	.018	232.63	.77
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	19	30		3,523.96	117.47	.007	185.47	.77
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 10,164
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC							

	4,556 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	772		42,265	\$ 338,748.11	\$ 8.01	9.277	\$ 438.79	\$ 74.35
DURABLE MED. EQUIP.	66		203	36,701.58	180.80	.045	556.08	8.06
BLOOD BANK	0		0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	359	19,459	97,857.55	5.03	4.271	272.58	21.48
AMBULANCES/AIR TRANS	146	1,369	27,292.04	19.94	.300	186.93	5.99
OTHER TRANS	143	17,384	58,103.87	3.34	3.816	406.32	12.75
OTHER SERVICES	85	706	12,461.64	17.65	.155	146.61	2.74
ACUPUNCTURE	2	2	47.30	23.65	.000	23.65	.01
ADULT DAY HEALTH CARE CTR	47	517	32,434.64	62.74	.113	690.10	7.12
GENETIC DISEASE TESTING	3	3	251.00	83.67	.001	83.67	.06
IHMC,MODEL-NF,NF,AIDS,MSSP	125	2,265	94,761.20	41.84	.497	758.09	20.80
OCCUPATIONAL THERAPIST	2	10	196.89	19.69	.002	98.45	.04
OPTICIAN	67	163	2,019.28	12.39	.036	30.14	.44
PHYSICAL THERAPIST	3	19	373.27	19.65	.004	124.42	.08
PORTABLE X-RAY	3	11	29.67	2.70	.002	9.89	.01
PROSTHETIST/ORTHOTISTS	5	22	399.18	18.14	.005	79.84	.09
PROSTHETICS	5	22	399.18	18.14	.005	79.84	.09
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	4	5	72.70	14.54	.001	18.18	.02
SPEECH AND AUDIOLOGY	6	10	2,173.88	217.39	.002	362.31	.48
HOSPICE SERVICES	12	444	56,722.21	127.75	.097	4726.85	12.45
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	31	209	1,559.19	7.46	.046	50.30	.34
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	133	18,923	13,148.57	.69	4.153	98.86	2.89
@CALIF. CHILDREN SERVICES*	74	1,788	\$ 253,412.00	\$ 141.73	.392	\$ 3424.49	\$ 55.62
@XOVER EXCLUDING STATE HOSP**	908	14,855	\$ 221,579.06	\$ 14.92	3.261	\$ 244.03	\$ 48.63

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 10,165
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED	

23,014 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	AID CODE		
					----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	21,693	1,117,176	\$ 67,472,709.04	\$ 60.40	48.543	\$ 3110.34	\$ 2931.81
@PHYSICIANS SERVICES	2,187	4,994	\$ 64,099.83	\$ 12.84	.217	\$ 29.31	\$ 2.79
OUTPATIENT VISITS	14	18	765.24	42.51	.001	54.66	.03
OFFICE VISITS	7	11	420.85	38.26	.000	60.12	.02
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	6	6	314.39	52.40	.000	52.40	.01
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	30.00	30.00	.000	30.00	.00
INPATIENT VISITS	125	239	6,774.07	28.34	.010	54.19	.29
HOSPITAL VISITS	4	16	465.76	29.11	.001	116.44	.02
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	122	223	6,308.31	28.29	.010	51.71	.27
OPHTHALMOLOGICAL SERVICES	1	1	18.58	18.58	.000	18.58	.00
EXAMINATIONS	1	1	18.58	18.58	.000	18.58	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	227.85	227.85	.000	227.85	.01
PRINCIPAL SURGEON	1	1	227.85	227.85	.000	227.85	.01
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	7	19	2,799.50	147.34	.001	399.93	.12
PRINCIPAL SURGEON	5	5	2,372.90	474.58	.000	474.58	.10
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	14	426.60	30.47	.001	142.20	.02
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	10	259.73	25.97	.000	43.29	.01
RADIOLOGY	13	20	656.72	32.84	.001	50.52	.03
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	38	2,986.78	78.60	.002	1493.39	.13
OTHER SERVICES/ALL X-OVERS	2,061	4,648	49,611.36	10.67	.202	24.07	2.16
@PHARMACY	17,216	307,572	\$ 4,864,580.71	\$ 15.82	13.365	\$ 282.56	\$ 211.37
PRESCRIPTION DRUGS	17,046	105,312	4,712,784.65	44.75	4.576	276.47	204.78
SNF/ICF	15,880	99,050	4,540,904.45	45.84	4.304	285.95	197.31
OUTPATIENTS	1,506	6,262	171,880.20	27.45	.272	114.13	7.47
MEDICAL SUPPLIES	1,468	202,260	151,796.06	.75	8.789	103.40	6.60
@DENTIST	1,535	3,575	\$ 158,436.37	\$ 44.32	.155	\$ 103.22	\$ 6.88
VISITS - DIAGNOSTIC	1,431	2,878	60,989.67	21.19	.125	42.62	2.65
ORAL SURGERY	49	155	5,257.00	33.92	.007	107.29	.23
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	2	2	.00	.00	.000	.00	.00
PERIODONTICS	43	44	8,020.00	182.27	.002	186.51	.35
ENDODONTICS	2	2	430.00	215.00	.000	215.00	.02
RESTORATIVE DENTISTRY	22	54	5,064.00	93.78	.002	230.18	.22
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	202	378	77,325.70	204.57	.016	382.80	3.36
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	36	62	1,350.00	21.77	.003	37.50	.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 10,166
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED						

						AID CODE			
						----- MONTHLY AVERAGE -----			
23,014 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	280	594	\$ 11,572.81	\$ 19.48	.026	\$ 41.33	\$.50		
DIAGNOSTIC AND ANC. PROCED	63	63	2,946.44	46.77	.003	46.77	.13		
EYE APPLIANCES	206	503	8,238.27	16.38	.022	39.99	.36		
OTHER OPTOMETRIC SERVICES	16	28	388.10	13.86	.001	24.26	.02		
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00		
VISITS	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
@PODIATRIST	2,200	2,776	\$ 23,745.53	\$ 8.55	.121	\$ 10.79	\$ 1.03		
MEDICINE/INJECTIONS	2	2	42.80	21.40	.000	21.40	.00		
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00		
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00		
OTHER	2,198	2,774	23,702.73	8.54	.121	10.78	1.03		
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00		
NURSE ANESTHESIST	3	20	\$ 60.15	\$ 3.01	.001	\$ 20.05	\$.00		
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00		
PEDIATRIC NURSE PRACTITIONER	1	1	\$ 13.70	\$ 13.70	.000	\$ 13.70	\$.00		
FAMILY NURSE PRACTITIONER	1	1	\$ 5.50	\$ 5.50	.000	\$ 5.50	\$.00		
@TOTAL HOSPITAL	425	3,201	\$ 252,975.15	\$ 79.03	.139	\$ 595.24	\$ 10.99		
HOSP INPATIENT TOTAL	141	1,333	220,825.54	165.66	.058	1566.14	9.60		
HSC HOSPITALS	20	97	94,731.47	976.61	.004	4736.57	4.12		

NON-HSC HOSPITAL TOTAL	3	89	33,736.24	379.06	.004	11245.41	1.47
ACCOMMODATIONS	3	89	14,370.93	161.47	.004	4790.31	.62
ADMINISTRATIVE DAYS	3	89	14,370.93	161.47	.004	4790.31	.62
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	3	0	19,365.31	.00	.000	6455.10	.84
INPATIENT CROSSOVERS	120	1,147	92,357.83	80.52	.050	769.65	4.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	292	1,868	32,149.61	17.21	.081	110.10	1.40
MEDICAL	3	3	40.92	13.64	.000	13.64	.00
SURGERY	4	4	382.38	95.60	.000	95.60	.02
PATHOLOGY	37	252	2,383.34	9.46	.011	64.41	.10
RADIOLOGY	9	12	798.46	66.54	.001	88.72	.03
ROOM USE	7	10	309.37	30.94	.000	44.20	.01
CROSSOVERS/ALL OTH OUTPTNT	257	1,587	28,235.14	17.79	.069	109.86	1.23
@COUNTY HOSPITAL TOTAL	0	0	\$ 615.60CR	\$.00	.000	\$.00	\$.03CR
CO HOSPITAL INPATIENT TOTAL	0	0	615.60CR	.00	.000	.00	.03CR
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	615.60CR	.00	.000	.00	.03CR
ACCOMMODATIONS	0	0	615.60CR	.00	.000	.00	.03CR
ADMINISTRATIVE DAYS	0	0	615.60CR	.00	.000	.00	.03CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 10,167
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED						
					AID CODE		
						----- MONTHLY AVERAGE -----	
23,014 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	425	3,201	\$ 253,590.75	\$ 79.22	.139	\$ 596.68	\$ 11.02
COMM HOSP INPATIENT TOTAL	141	1,333	221,441.14	166.12	.058	1570.50	9.62
HSC HOSPITALS	20	97	94,731.47	976.61	.004	4736.57	4.12
NON-HSC HOSPITALS TOTAL	3	89	34,351.84	385.98	.004	11450.61	1.49
ACCOMMODATIONS	3	89	14,986.53	168.39	.004	4995.51	.65
ADMINISTRATIVE DAYS	3	89	14,986.53	168.39	.004	4995.51	.65
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	3	0	19,365.31	.00	.000	6455.10	.84
INPATIENT CROSSOVERS	120	1,147	92,357.83	80.52	.050	769.65	4.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	292	1,868	32,149.61	17.21	.081	110.10	1.40
MEDICAL	3	3	40.92	13.64	.000	13.64	.00
SURGERY	4	4	382.38	95.60	.000	95.60	.02
PATHOLOGY	37	252	2,383.34	9.46	.011	64.41	.10
RADIOLOGY	9	12	798.46	66.54	.001	88.72	.03
ROOM USE	7	10	309.37	30.94	.000	44.20	.01
CROSSOVERS/ALL OTH OUTPTNT	257	1,587	28,235.14	17.79	.069	109.86	1.23
@STATE HOSPITAL	11	360	\$ 214,212.05	\$ 595.03	.016	\$ 19473.82	\$ 9.31
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	11	360	214,212.05	595.03	.016	19473.82	9.31
@NURSING FACILITY	19,381	621,270	\$ 61,165,406.77	\$ 98.45	26.995	\$ 3155.95	\$ 2657.75
LEV A-INTERMEDIATE	647	21,274	1,170,736.32	55.03	.924	1809.48	50.87
LEV B-REHAB MD	139	4,753	485,672.87	102.18	.207	3494.05	21.10
LEV B-SUBACUTE FREESTANDING	1	3	219.77	73.26	.000	219.77	.01
LEV B-SUBACUTE HSPTL BASED	74	3,253	1,565,737.98	481.32	.141	21158.62	68.03
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	18,572	591,987	57,943,039.83	97.88	25.723	3119.91	2517.73
@INTERMEDIATE CARE FACIL.-DD	16	464	\$ 51,419.24	\$ 110.82	.020	\$ 3213.70	\$ 2.23
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	16	464	51,419.24	110.82	.020	3213.70	2.23
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	14	21	\$ 11,718.46	\$ 558.02	.001	\$ 837.03	\$.51
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	14	21	11,718.46	558.02	.001	837.03	.51
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	49	262	\$ 1,291.91	\$ 4.93	.011	\$ 26.37	\$.06
PATHOLOGY	29	118	1,177.70	9.98	.005	40.61	.05
XO AND OTHERS	20	144	114.21	.79	.006	5.71	.00
@ORGANIZED OUTPATIENT CLINIC	15	22	\$ 3,148.08	\$ 143.09	.001	\$ 209.87	\$.14
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	5	4	307.19	76.80	.000	61.44	.01
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	10	18	2,840.89	157.83	.001	284.09	.12
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 10,168
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED						
					AID CODE		

23,014 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3,265	172,043	\$ 650,022.78	\$ 3.78	7.476	\$ 199.09	\$ 28.24
DURABLE MED. EQUIP.	341	2,539	204,860.29	80.69	.110	600.76	8.90
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	17	18	2,081.50	115.64	.001	122.44	.09
MEDICAL TRANSPORTATION	1,933	43,873	174,631.90	3.98	1.906	90.34	7.59
AMBULANCES/AIR TRANS	61	233	4,222.96	18.12	.010	69.23	.18
OTHER TRANS	1,556	40,504	149,057.53	3.68	1.760	95.80	6.48
OTHER SERVICES	378	3,136	21,351.41	6.81	.136	56.49	.93
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	5	55	3,702.17	67.31	.002	740.43	.16
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	3	3	77.22	25.74	.000	25.74	.00
OPTICIAN	202	430	5,377.43	12.51	.019	26.62	.23
PHYSICAL THERAPIST	5	17	329.53	19.38	.001	65.91	.01
PORTABLE X-RAY	70	120	683.04	5.69	.005	9.76	.03
PROSTHETIST/ORTHOTISTS	17	23	914.43	39.76	.001	53.79	.04
PROSTHETICS	17	23	914.43	39.76	.001	53.79	.04
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	38	45	898.14	19.96	.002	23.64	.04
SPEECH AND AUDIOLOGY	417	615	38,445.33	62.51	.027	92.20	1.67
HOSPICE SERVICES	65	1,622	154,732.57	95.40	.070	2380.50	6.72
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	478	122,683	63,289.23	.52	5.331	132.40	2.75
@CALIF. CHILDREN SERVICES*	2	2	\$ 686.80	\$ 343.40	.000	\$ 343.40	\$.03
@XOVER EXCLUDING STATE HOSP**	6,034	284,723	\$ 1,009,083.36	\$ 3.54	12.372	\$ 167.23	\$ 43.85

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND

PAGE 10,169
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 10,170
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,171
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,172
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,173
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED AID CODE

4,611 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,519	340,266	\$ 18,900,264.64	\$ 55.55	73.794	\$ 4182.40	\$ 4098.95
@PHYSICIANS SERVICES	1,178	4,113	\$ 100,693.24	\$ 24.48	.892	\$ 85.48	\$ 21.84
OUTPATIENT VISITS	88	107	5,802.70	54.23	.023	65.94	1.26
OFFICE VISITS	35	44	1,708.77	38.84	.010	48.82	.37
HOME VISITS	1	1	51.60	51.60	.000	51.60	.01
EMERGENCY ROOM	41	46	3,570.07	77.61	.010	87.07	.77
PREVENTIVE CARE	1	1	54.83	54.83	.000	54.83	.01
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	15	15	417.43	27.83	.003	27.83	.09
INPATIENT VISITS	335	1,281	38,589.72	30.12	.278	115.19	8.37
HOSPITAL VISITS	61	759	23,008.46	30.31	.165	377.19	4.99
CRITICAL CARE	5	13	1,428.80	109.91	.003	285.76	.31
SNF/ICF/TRANS IP CARE	298	509	14,152.46	27.80	.110	47.49	3.07
OPHTHALMOLOGICAL SERVICES	10	10	436.53	43.65	.002	43.65	.09
EXAMINATIONS	10	10	436.53	43.65	.002	43.65	.09
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	28	94	13,915.61	148.04	.020	496.99	3.02
PRINCIPAL SURGEON	25	59	12,805.86	217.05	.013	512.23	2.78
ASSISTANT SURGEON	1	1	200.49	200.49	.000	200.49	.04
ANESTHESIOLOGIST	7	34	909.26	26.74	.007	129.89	.20
OUTPATIENT SURGERY	65	221	10,739.87	48.60	.048	165.23	2.33
PRINCIPAL SURGEON	23	31	5,728.78	184.80	.007	249.08	1.24
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	43	190	5,011.09	26.37	.041	116.54	1.09
DIALYSIS	1	7	198.10	28.30	.002	198.10	.04
PATHOLOGY	22	49	1,019.31	20.80	.011	46.33	.22
RADIOLOGY	85	337	5,199.04	15.43	.073	61.17	1.13
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	13.76	13.76	.000	13.76	.00
OTHER SERVICES/ALL X-OVERS	785	2,006	24,778.60	12.35	.435	31.57	5.37
@PHARMACY	3,771	140,101	\$ 1,814,986.63	\$ 12.95	30.384	\$ 481.30	\$ 393.62
PRESCRIPTION DRUGS	3,744	26,849	1,746,221.01	65.04	5.823	466.41	378.71
SNF/ICF	3,270	23,484	1,516,846.02	64.59	5.093	463.87	328.96
OUTPATIENTS	551	3,365	229,374.99	68.16	.730	416.29	49.75
MEDICAL SUPPLIES	484	113,252	68,765.62	.61	24.561	142.08	14.91
@DENTIST	453	2,051	\$ 76,110.25	\$ 37.11	.445	\$ 168.01	\$ 16.51
VISITS - DIAGNOSTIC	400	1,523	22,973.00	15.08	.330	57.43	4.98
ORAL SURGERY	50	214	9,961.25	46.55	.046	199.23	2.16
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.02
PERIODONTICS	58	99	19,310.00	195.05	.021	332.93	4.19
ENDODONTICS	10	13	2,926.00	225.08	.003	292.60	.63
RESTORATIVE DENTISTRY	46	103	6,710.00	65.15	.022	145.87	1.46
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	31	94	14,030.00	149.26	.020	452.58	3.04
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	4	100.00	25.00	.001	33.33	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 10,174
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED						

4,611 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	121	246	\$ 5,606.42	\$ 22.79	.053	\$ 46.33	\$ 1.22
DIAGNOSTIC AND ANC. PROCED	59	60	2,733.61	45.56	.013	46.33	.59
EYE APPLIANCES	77	184	2,868.78	15.59	.040	37.26	.62
OTHER OPTOMETRIC SERVICES	1	2	4.03	2.02	.000	4.03	.00
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	396	489	\$ 4,794.19	\$ 9.80	.106	\$ 12.11	\$ 1.04

MEDICINE/INJECTIONS	18	20	607.96	30.40	.004	33.78	.13
SURGERY/ANES.	6	7	91.00	13.00	.002	15.17	.02
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	377	462	4,095.23	8.86	.100	10.86	.89
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	6	42	\$ 267.85	\$ 6.38	.009	\$ 44.64	\$.06
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	7	7	\$ 37.74	\$ 5.39	.002	\$ 5.39	\$.01
@TOTAL HOSPITAL	467	3,586	\$ 1,322,022.72	\$ 368.66	.778	\$ 2830.88	\$ 286.71
HOSP INPATIENT TOTAL	64	1,265	1,277,795.76	1010.12	.274	19965.56	277.12
HSC HOSPITALS	25	374	427,884.25	1144.08	.081	17115.37	92.80
NON-HSC HOSPITAL TOTAL	12	445	806,248.38	1811.79	.097	67187.37	174.85
ACCOMMODATIONS	12	445	413,763.07	929.80	.097	34480.26	89.73
ADMINISTRATIVE DAYS	6	125	25,771.55	206.17	.027	4295.26	5.59
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	320	387,991.52	1212.47	.069	64665.25	84.14
ANCILLARIES	12	0	392,485.31	.00	.000	32707.11	85.12
INPATIENT CROSSOVERS	32	446	43,663.13	97.90	.097	1364.47	9.47
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	420	2,321	44,226.96	19.06	.503	105.30	9.59
MEDICAL	19	22	883.38	40.15	.005	46.49	.19
SURGERY	61	63	3,884.61	61.66	.014	63.68	.84
PATHOLOGY	203	965	10,321.59	10.70	.209	50.85	2.24
RADIOLOGY	31	46	2,930.94	63.72	.010	94.55	.64
ROOM USE	98	186	12,046.15	64.76	.040	122.92	2.61
CROSSOVERS/ALL OTH OUTPTNT	217	1,039	14,160.29	13.63	.225	65.25	3.07
@COUNTY HOSPITAL TOTAL	1	2	\$ 118.69	\$ 59.35	.000	\$ 118.69	\$.03
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	2	118.69	59.35	.000	118.69	.03
MEDICAL	1	1	80.22	80.22	.000	80.22	.02
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	3.60CR	.00	.000	.00	.00
ROOM USE	1	1	42.07	42.07	.000	42.07	.01
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 10,175
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED						
					AID CODE		
					----- MONTHLY AVERAGE -----		
4,611 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	467	3,584	\$ 1,321,904.03	\$ 368.83	.777	\$ 2830.63	\$ 286.68
COMM HOSP INPATIENT TOTAL	64	1,265	1,277,795.76	1010.12	.274	19965.56	277.12
HSC HOSPITALS	25	374	427,884.25	1144.08	.081	17115.37	92.80
NON-HSC HOSPITALS TOTAL	12	445	806,248.38	1811.79	.097	67187.37	174.85
ACCOMMODATIONS	12	445	413,763.07	929.80	.097	34480.26	89.73

ADMINISTRATIVE DAYS	6	125		25,771.55	206.17	.027	4295.26	5.59
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	320		387,991.52	1212.47	.069	64665.25	84.14
ANCILLARIES	12	0		392,485.31	.00	.000	32707.11	85.12
INPATIENT CROSSOVERS	32	446		43,663.13	97.90	.097	1364.47	9.47
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	420	2,319		44,108.27	19.02	.503	105.02	9.57
MEDICAL	18	21		803.16	38.25	.005	44.62	.17
SURGERY	61	63		3,884.61	61.66	.014	63.68	.84
PATHOLOGY	203	965		10,321.59	10.70	.209	50.85	2.24
RADIOLOGY	31	46		2,934.54	63.79	.010	94.66	.64
ROOM USE	97	185		12,004.08	64.89	.040	123.75	2.60
CROSSOVERS/ALL OTH OUTPTNT	217	1,039		14,160.29	13.63	.225	65.25	3.07
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	2,654	84,837	\$	10,809,157.79	\$ 127.41	18.399	\$ 4072.78	\$ 2344.21
LEV A-INTERMEDIATE	78	2,521		124,544.60	49.40	.547	1596.73	27.01
LEV B-REHAB MD	294	9,349		910,057.94	97.34	2.028	3095.44	197.37
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	83	3,538		1,773,334.53	501.23	.767	21365.48	384.59
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	2,212	69,429		8,001,220.72	115.24	15.057	3617.19	1735.25
@INTERMEDIATE CARE FACIL.-DD	1,170	35,364	\$	4,311,854.66	\$ 121.93	7.669	\$ 3685.35	\$ 935.12
ICF DDH	542	16,432		2,155,359.46	131.17	3.564	3976.68	467.44
ICF DD	595	17,914		2,010,390.85	112.22	3.885	3378.81	436.00
ICF DDN/DDCN	33	1,018		146,104.35	143.52	.221	4427.40	31.69
@HEMODIALYSIS TOTAL	32	54	\$	18,540.09	\$ 343.34	.012	\$ 579.38	\$ 4.02
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	32	54		18,540.09	343.34	.012	579.38	4.02
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	103	489	\$	4,629.04	\$ 9.47	.106	\$ 44.94	\$ 1.00
PATHOLOGY	99	475		4,546.35	9.57	.103	45.92	.99
XO AND OTHERS	4	14		82.69	5.91	.003	20.67	.02
@ORGANIZED OUTPATIENT CLINIC	7	28	\$	1,614.03	\$ 57.64	.006	\$ 230.58	\$.35
CLINIC	3	7		100.01	14.29	.002	33.34	.02
SURGICENTER	2	18		1,430.42	79.47	.004	715.21	.31
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2	3		83.60	27.87	.001	41.80	.02

#CALIF DEPT OF HEALTH SERV MOP024 SACRAMENTO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED

AID CODE

PAGE 10,176 01/17/03

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
4,611 ELIGIBLES							
@ALL OTHER PROVIDERS	1,455	68,859	\$ 429,949.99	\$ 6.24	14.934	\$ 295.50	\$ 93.24
DURABLE MED. EQUIP.	268	2,336	227,716.69	97.48	.507	849.69	49.39
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	5	7	175.00	25.00	.002	35.00	.04
MEDICAL TRANSPORTATION	526	11,942	66,087.78	5.53	2.590	125.64	14.33
AMBULANCES/AIR TRANS	66	623	10,572.71	16.97	.135	160.19	2.29
OTHER TRANS	374	10,205	48,259.24	4.73	2.213	129.04	10.47
OTHER SERVICES	123	1,114	7,255.83	6.51	.242	58.99	1.57
ACUPUNCTURE	4	12	205.45	17.12	.003	51.36	.04

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	7	118	513.52	4.35	.026	73.36	.11
OPTICIAN	82	173	2,050.27	11.85	.038	25.00	.44
PHYSICAL THERAPIST	4	8	196.14	24.52	.002	49.04	.04
PORTABLE X-RAY	22	44	787.20	17.89	.010	35.78	.17
PROSTHETIST/ORTHOTISTS	10	24	1,674.80	69.78	.005	167.48	.36
PROSTHETICS	10	24	1,674.80	69.78	.005	167.48	.36
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	47	47	1,667.71	35.48	.010	35.48	.36
SPEECH AND AUDIOLOGY	618	2,214	92,394.54	41.73	.480	149.51	20.04
HOSPICE SERVICES	7	94	10,461.63	111.29	.020	1494.52	2.27
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	163	51,840	26,019.26	.50	11.243	159.63	5.64
@CALIF. CHILDREN SERVICES*	1	1	\$ 118.23	\$ 118.23	.000	\$ 118.23	\$.03
@XOVER EXCLUDING STATE HOSP**	1,525	112,512	\$ 265,733.95	\$ 2.36	24.401	\$ 174.25	\$ 57.63

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,177
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES

DISCONTIN

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES DISCONTIN

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00

EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.000	\$	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.000	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.000	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 10,179
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES	DISCONTIN	

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
----- MONTHLY AVERAGE -----							

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
SACRAMENTO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES

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	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG	

	27,625 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	26,212		1,457,442	\$ 86,372,973.68	\$ 59.26	52.758	\$ 3295.17	\$ 3126.62
@PHYSICIANS SERVICES	3,365		9,107	\$ 164,793.07	\$ 18.10	.330	\$ 48.97	\$ 5.97
OUTPATIENT VISITS	102		125	6,567.94	52.54	.005	64.39	.24
OFFICE VISITS	42		55	2,129.62	38.72	.002	50.71	.08
HOME VISITS	1		1	51.60	51.60	.000	51.60	.00
EMERGENCY ROOM	47		52	3,884.46	74.70	.002	82.65	.14
PREVENTIVE CARE	1		1	54.83	54.83	.000	54.83	.00
OB VISITS/COMPRE PERI	0		0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	16		16	447.43	27.96	.001	27.96	.02
INPATIENT VISITS	460		1,520	45,363.79	29.84	.055	98.62	1.64
HOSPITAL VISITS	65		775	23,474.22	30.29	.028	361.14	.85
CRITICAL CARE	5		13	1,428.80	109.91	.000	285.76	.05
SNF/ICF/TRANS IP CARE	420		732	20,460.77	27.95	.026	48.72	.74
OPHTHALMOLOGICAL SERVICES	11		11	455.11	41.37	.000	41.37	.02
EXAMINATIONS	11		11	455.11	41.37	.000	41.37	.02
SERVICES AND MATERIALS	0		0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	29		95	14,143.46	148.88	.003	487.71	.51
PRINCIPAL SURGEON	26		60	13,033.71	217.23	.002	501.30	.47
ASSISTANT SURGEON	1		1	200.49	200.49	.000	200.49	.01
ANESTHESIOLOGIST	7		34	909.26	26.74	.001	129.89	.03

OUTPATIENT SURGERY	72	240		13,539.37		56.41	.009	188.05	.49
PRINCIPAL SURGEON	28	36		8,101.68		225.05	.001	289.35	.29
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	46	204		5,437.69		26.66	.007	118.21	.20
DIALYSIS	1	7		198.10		28.30	.000	198.10	.01
PATHOLOGY	28	59		1,279.04		21.68	.002	45.68	.05
RADIOLOGY	98	357		5,855.76		16.40	.013	59.75	.21
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	39		3,000.54		76.94	.001	1000.18	.11
OTHER SERVICES/ALL X-OVERS	2,846	6,654		74,389.96		11.18	.241	26.14	2.69
@PHARMACY	20,987	447,673	\$	6,679,567.34	\$	14.92	16.205	\$ 318.27	\$ 241.79
PRESCRIPTION DRUGS	20,790	132,161		6,459,005.66		48.87	4.784	310.68	233.81
SNF/ICF	19,150	122,534		6,057,750.47		49.44	4.436	316.33	219.29
OUTPATIENTS	2,057	9,627		401,255.19		41.68	.348	195.07	14.53
MEDICAL SUPPLIES	1,952	315,512		220,561.68		.70	11.421	112.99	7.98
@DENTIST	1,988	5,626	\$	234,546.62	\$	41.69	.204	\$ 117.98	\$ 8.49
VISITS - DIAGNOSTIC	1,831	4,401		83,962.67		19.08	.159	45.86	3.04
ORAL SURGERY	99	369		15,218.25		41.24	.013	153.72	.55
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	3	3		100.00		33.33	.000	33.33	.00
PERIODONTICS	101	143		27,330.00		191.12	.005	270.59	.99
ENDODONTICS	12	15		3,356.00		223.73	.001	279.67	.12
RESTORATIVE DENTISTRY	68	157		11,774.00		74.99	.006	173.15	.43
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	233	472		91,355.70		193.55	.017	392.08	3.31
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	39	66		1,450.00		21.97	.002	37.18	.05

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SACRAMENTO COUNTY

SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG

27,625 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	401	840	\$ 17,179.23	\$ 20.45	.030	\$ 42.84	\$.62
DIAGNOSTIC AND ANC. PROCED	122	123	5,680.05	46.18	.004	46.56	.21
EYE APPLIANCES	283	687	11,107.05	16.17	.025	39.25	.40
OTHER OPTOMETRIC SERVICES	17	30	392.13	13.07	.001	23.07	.01
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2,596	3,265	\$ 28,539.72	\$ 8.74	.118	\$ 10.99	\$ 1.03
MEDICINE/INJECTIONS	20	22	650.76	29.58	.001	32.54	.02
SURGERY/ANES.	6	7	91.00	13.00	.000	15.17	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	2,575	3,236	27,797.96	8.59	.117	10.80	1.01
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	9	62	\$ 328.00	\$ 5.29	.002	\$ 36.44	\$.01
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	1	1	\$ 13.70	\$ 13.70	.000	\$ 13.70	\$.00
FAMILY NURSE PRACTITIONER	8	8	\$ 43.24	\$ 5.41	.000	\$ 5.41	\$.00
@TOTAL HOSPITAL	892	6,787	\$ 1,574,997.87	\$ 232.06	.246	\$ 1765.69	\$ 57.01
HOSP INPATIENT TOTAL	205	2,598	1,498,621.30	576.84	.094	7310.35	54.25
HSC HOSPITALS	45	471	522,615.72	1109.59	.017	11613.68	18.92
NON-HSC HOSPITAL TOTAL	15	534	839,984.62	1573.00	.019	55998.97	30.41
ACCOMMODATIONS	15	534	428,134.00	801.75	.019	28542.27	15.50
ADMINISTRATIVE DAYS	9	214	40,142.48	187.58	.008	4460.28	1.45
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	320	387,991.52	1212.47	.012	64665.25	14.04
ANCILLARIES	15	0	411,850.62	.00	.000	27456.71	14.91
INPATIENT CROSSOVERS	152	1,593	136,020.96	85.39	.058	894.87	4.92
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	712	4,189	76,376.57	18.23	.152	107.27	2.76
MEDICAL	22	25	924.30	36.97	.001	42.01	.03
SURGERY	65	67	4,266.99	63.69	.002	65.65	.15
PATHOLOGY	240	1,217	12,704.93	10.44	.044	52.94	.46
RADIOLOGY	40	58	3,729.40	64.30	.002	93.24	.14
ROOM USE	105	196	12,355.52	63.04	.007	117.67	.45
CROSSOVERS/ALL OTH OUTPTNT	474	2,626	42,395.43	16.14	.095	89.44	1.53
@COUNTY HOSPITAL TOTAL	1	2	\$ 496.91CR	\$ 248.46CR	.000	\$ 496.91CR	.02CR
CO HOSPITAL INPATIENT TOTAL	0	0	615.60CR	.00	.000	.00	.02CR
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	615.60CR	.00	.000	.00	.02CR
ACCOMMODATIONS	0	0	615.60CR	.00	.000	.00	.02CR
ADMINISTRATIVE DAYS	0	0	615.60CR	.00	.000	.00	.02CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	2	118.69	59.35	.000	118.69	.00
MEDICAL	1	1	80.22	80.22	.000	80.22	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	3.60CR	.00	.000	.00	.00
ROOM USE	1	1	42.07	42.07	.000	42.07	.00

27,625 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	892	6,785	\$ 1,575,494.78	\$ 232.20	.246	\$ 1766.25	\$ 57.03
COMM HOSP INPATIENT TOTAL	205	2,598	1,499,236.90	577.07	.094	7313.35	54.27
HSC HOSPITALS	45	471	522,615.72	1109.59	.017	11613.68	18.92
NON-HSC HOSPITALS TOTAL	15	534	840,600.22	1574.16	.019	56040.01	30.43
ACCOMMODATIONS	15	534	428,749.60	802.90	.019	28583.31	15.52
ADMINISTRATIVE DAYS	9	214	40,758.08	190.46	.008	4528.68	1.48
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	320	387,991.52	1212.47	.012	64665.25	14.04
ANCILLARIES	15	0	411,850.62	.00	.000	27456.71	14.91
INPATIENT CROSSTOVERS	152	1,593	136,020.96	85.39	.058	894.87	4.92
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	712	4,187	76,257.88	18.21	.152	107.10	2.76
MEDICAL	21	24	844.08	35.17	.001	40.19	.03
SURGERY	65	67	4,266.99	63.69	.002	65.65	.15
PATHOLOGY	240	1,217	12,704.93	10.44	.044	52.94	.46
RADIOLOGY	40	58	3,733.00	64.36	.002	93.33	.14
ROOM USE	104	195	12,313.45	63.15	.007	118.40	.45
CROSSTOVERS/ALL OTH OUTPTNT	474	2,626	42,395.43	16.14	.095	89.44	1.53
@STATE HOSPITAL	11	360	\$ 214,212.05	\$ 595.03	.013	\$ 19473.82	\$ 7.75
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	11	360	214,212.05	595.03	.013	19473.82	7.75
@NURSING FACILITY	22,035	706,107	\$ 71,974,564.56	\$ 101.93	25.560	\$ 3266.37	\$ 2605.41
LEV A-INTERMEDIATE	725	23,795	1,295,280.92	54.44	.861	1786.59	46.89
LEV B-REHAB MD	433	14,102	1,395,730.81	98.97	.510	3223.40	50.52
LEV B-SUBACUTE FREESTANDING	1	3	219.77	73.26	.000	219.77	.01
LEV B-SUBACUTE HSPTL BASED	157	6,791	3,339,072.51	491.69	.246	21267.98	120.87
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	20,784	661,416	65,944,260.55	99.70	23.943	3172.84	2387.12
@INTERMEDIATE CARE FACIL.-DD	1,186	35,828	\$ 4,363,273.90	\$ 121.78	1.297	\$ 3678.98	\$ 157.95
ICF DDH	542	16,432	2,155,359.46	131.17	.595	3976.68	78.02
ICF DD	611	18,378	2,061,810.09	112.19	.665	3374.48	74.64
ICF DDN/DDCN	33	1,018	146,104.35	143.52	.037	4427.40	5.29
@HEMODIALYSIS TOTAL	46	75	\$ 30,258.55	\$ 403.45	.003	\$ 657.79	\$ 1.10
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	46	75	30,258.55	403.45	.003	657.79	1.10
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	152	751	\$ 5,920.95	\$ 7.88	.027	\$ 38.95	\$.21
PATHOLOGY	128	593	5,724.05	9.65	.021	44.72	.21
XO AND OTHERS	24	158	196.90	1.25	.006	8.20	.01
@ORGANIZED OUTPATIENT CLINIC	22	50	\$ 4,762.11	\$ 95.24	.002	\$ 216.46	\$.17
CLINIC	3	7	100.01	14.29	.000	33.34	.00
SURGICENTER	7	22	1,737.61	78.98	.001	248.23	.06
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	12	21	2,924.49	139.26	.001	243.71	.11
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SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG						

					----- MONTHLY AVERAGE -----			
27,625 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	4,720	240,902	\$ 1,079,972.77	\$ 4.48	8.720	\$ 228.81	\$ 39.09	
DURABLE MED. EQUIP.	609	4,875	432,576.98	88.73	.176	710.31	15.66	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	22	25	2,256.50	90.26	.001	102.57	.08	
MEDICAL TRANSPORTATION	2,459	55,815	240,719.68	4.31	2.020	97.89	8.71	
AMBULANCES/AIR TRANS	127	856	14,795.67	17.28	.031	116.50	.54	
OTHER TRANS	1,930	50,709	197,316.77	3.89	1.836	102.24	7.14	
OTHER SERVICES	501	4,250	28,607.24	6.73	.154	57.10	1.04	
ACUPUNCTURE	4	12	205.45	17.12	.000	51.36	.01	
ADULT DAY HEALTH CARE CTR	5	55	3,702.17	67.31	.002	740.43	.13	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	10	121	590.74	4.88	.004	59.07	.02	
OPTICIAN	284	603	7,427.70	12.32	.022	26.15	.27	
PHYSICAL THERAPIST	9	25	525.67	21.03	.001	58.41	.02	
PORTABLE X-RAY	92	164	1,470.24	8.96	.006	15.98	.05	
PROSTHETIST/ORTHOTISTS	27	47	2,589.23	55.09	.002	95.90	.09	
PROSTHETICS	27	47	2,589.23	55.09	.002	95.90	.09	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	85	92	2,565.85	27.89	.003	30.19	.09	
SPEECH AND AUDIOLOGY	1,035	2,829	130,839.87	46.25	.102	126.42	4.74	
HOSPICE SERVICES	72	1,716	165,194.20	96.27	.062	2294.36	5.98	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	641	174,523	89,308.49	.51	6.318	139.33	3.23	
@CALIF. CHILDREN SERVICES*	3	3	\$ 805.03	\$ 268.34	.000	\$ 268.34	\$.03	
@XOVER EXCLUDING STATE HOSP**	7,559	397,235	\$ 1,274,817.31	\$ 3.21	14.380	\$ 168.65	\$ 46.15	

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

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					----- MONTHLY AVERAGE -----			
57,279 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	43,679	1,609,230	\$ 78,108,681.68	\$ 48.54	28.095	\$ 1788.24	\$ 1363.65	
@PHYSICIANS SERVICES	9,042	29,784	\$ 994,434.87	\$ 33.39	.520	\$ 109.98	\$ 17.36	
OUTPATIENT VISITS	3,467	5,102	181,640.45	35.60	.089	52.39	3.17	
OFFICE VISITS	3,156	4,538	152,427.39	33.59	.079	48.30	2.66	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	329	361	24,221.82	67.10	.006	73.62	.42	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	155	203	4,991.24	24.59	.004	32.20	.09	
INPATIENT VISITS	367	1,442	61,399.40	42.58	.025	167.30	1.07	
HOSPITAL VISITS	235	1,138	47,012.21	41.31	.020	200.05	.82	
CRITICAL CARE	16	61	7,294.10	119.58	.001	455.88	.13	
SNF/ICF/TRANS IP CARE	136	243	7,093.09	29.19	.004	52.16	.12	
OPHTHALMOLOGICAL SERVICES	277	334	14,414.49	43.16	.006	52.04	.25	

EXAMINATIONS	267	323	14,175.08	43.89	.006	53.09	.25
SERVICES AND MATERIALS	11	11	239.41	21.76	.000	21.76	.00
INPATIENT HOSPITAL SURGERY	145	989	80,724.74	81.62	.017	556.72	1.41
PRINCIPAL SURGEON	107	175	56,354.36	322.02	.003	526.68	.98
ASSISTANT SURGEON	23	29	7,432.30	256.29	.001	323.14	.13
ANESTHESIOLOGIST	57	785	16,938.08	21.58	.014	297.16	.30
OUTPATIENT SURGERY	468	1,066	192,256.49	180.35	.019	410.80	3.36
PRINCIPAL SURGEON	380	481	172,978.46	359.62	.008	455.21	3.02
ASSISTANT SURGEON	5	5	603.13	120.63	.000	120.63	.01
ANESTHESIOLOGIST	141	580	18,674.90	32.20	.010	132.45	.33
DIALYSIS	22	79	5,844.36	73.98	.001	265.65	.10
PATHOLOGY	625	1,308	18,786.56	14.36	.023	30.06	.33
RADIOLOGY	1,182	2,609	133,459.06	51.15	.046	112.91	2.33
PSYCHIATRY	1	1	32.98	32.98	.000	32.98	.00
IMMUNIZATION AND INJECTION	329	1,448	52,906.89	36.54	.025	160.81	.92
OTHER SERVICES/ALL X-OVERS	5,522	15,406	252,969.45	16.42	.269	45.81	4.42
@PHARMACY	34,816	474,959	\$ 8,706,431.98	\$ 18.33	8.292	\$ 250.07	\$ 152.00
PRESCRIPTION DRUGS	34,427	177,003	8,439,034.22	47.68	3.090	245.13	147.33
SNF/ICF	16,842	105,669	4,811,729.04	45.54	1.845	285.70	84.01
OUTPATIENTS	18,035	71,334	3,627,305.18	50.85	1.245	201.13	63.33
MEDICAL SUPPLIES	2,591	297,956	267,397.76	.90	5.202	103.20	4.67
@DENTIST	3,277	11,271	\$ 543,787.17	\$ 48.25	.197	\$ 165.94	\$ 9.49
VISITS - DIAGNOSTIC	2,508	7,275	118,369.00	16.27	.127	47.20	2.07
ORAL SURGERY	382	1,200	52,954.86	44.13	.021	138.63	.92
DRUGS	1	1	25.00	25.00	.000	25.00	.00
ANESTHESIA	5	5	300.00	60.00	.000	60.00	.01
PERIODONTICS	164	169	29,285.00	173.28	.003	178.57	.51
ENDODONTICS	72	114	25,077.00	219.97	.002	348.29	.44
RESTORATIVE DENTISTRY	420	1,116	96,283.50	86.28	.019	229.25	1.68
PROSTHETICS	14	17	540.00	31.76	.000	38.57	.01
DENTURES, STAYPLATES	555	1,295	219,477.81	169.48	.023	395.46	3.83
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	.00	.00	.000	.00	.00
ALL OTHER SERVICES	49	78	1,475.00	18.91	.001	30.10	.03

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,186
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

					----- MONTHLY AVERAGE -----		
57,279 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	949	2,560	\$ 54,624.64	\$ 21.34	.045	\$ 57.56	\$.95
DIAGNOSTIC AND ANC. PROCED	402	413	18,802.11	45.53	.007	46.77	.33
EYE APPLIANCES	704	2,041	33,600.46	16.46	.036	47.73	.59
OTHER OPTOMETRIC SERVICES	75	106	2,222.07	20.96	.002	29.63	.04
@CHIROPRACTOR	2	7	\$ 117.04	\$ 16.72	.000	\$ 58.52	\$.00
VISITS	1	6	100.32	16.72	.000	100.32	.00
OTHER SERVICES	1	1	16.72	16.72	.000	16.72	.00
@PODIATRIST	2,657	3,898	\$ 38,094.67	\$ 9.77	.068	\$ 14.34	\$.67
MEDICINE/INJECTIONS	59	72	2,074.11	28.81	.001	35.15	.04
SURGERY/ANES.	5	18	499.78	27.77	.000	99.96	.01
RADIO./PATHOLOGY	5	6	103.80	17.30	.000	20.76	.00
OTHER	2,599	3,802	35,416.98	9.32	.066	13.63	.62
@HOME HEALTH AGENCY	72	673	\$ 48,061.48	\$ 71.41	.012	\$ 667.52	\$.84
NURSE ANESTHESIST	40	193	\$ 2,050.17	\$ 10.62	.003	\$ 51.25	\$.04

NURSE MIDWIFE	1	1	\$	5.26	\$	5.26	.000	\$	5.26	\$	.00
PEDIATRIC NURSE PRACTITIONER	1	1	\$	13.70	\$	13.70	.000	\$	13.70	\$	.00
FAMILY NURSE PRACTITIONER	13	34	\$	702.01	\$	20.65	.001	\$	54.00	\$	.01
@TOTAL HOSPITAL	2,270	16,452	\$	1,953,413.56	\$	118.73	.287	\$	860.53	\$	34.10
HOSP INPATIENT TOTAL	432	3,263		1,647,314.31		504.85	.057		3813.23		28.76
HSC HOSPITALS	223	1,229		1,386,166.73		1127.88	.021		6215.99		24.20
NON-HSC HOSPITAL TOTAL	19	270		110,375.25		408.80	.005		5809.22		1.93
ACCOMMODATIONS	19	270		66,788.50		247.36	.005		3515.18		1.17
ADMINISTRATIVE DAYS	13	251		49,597.16		197.60	.004		3815.17		.87
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	6	19		17,191.34		904.81	.000		2865.22		.30
ANCILLARIES	19	0		43,586.75		.00	.000		2294.04		.76
INPATIENT CROSSOVERS	200	1,764		150,772.33		85.47	.031		753.86		2.63
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,918	13,189		306,099.25		23.21	.230		159.59		5.34
MEDICAL	213	290		17,707.81		61.06	.005		83.14		.31
SURGERY	167	185		17,833.96		96.40	.003		106.79		.31
PATHOLOGY	388	2,638		21,389.97		8.11	.046		55.13		.37
RADIOLOGY	325	623		51,087.70		82.00	.011		157.19		.89
ROOM USE	594	961		50,590.37		52.64	.017		85.17		.88
CROSSOVERS/ALL OTH OUTPTNT	1,290	8,492		147,489.44		17.37	.148		114.33		2.57
@COUNTY HOSPITAL TOTAL	6	48	\$	1,430.78	\$	29.81	.001	\$	238.46	\$	.02
CO HOSPITAL INPATIENT TOTAL	0	0		615.60CR		.00	.000		.00		.01CR
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		615.60CR		.00	.000		.00		.01CR
ACCOMMODATIONS	0	0		615.60CR		.00	.000		.00		.01CR
ADMINISTRATIVE DAYS	0	0		615.60CR		.00	.000		.00		.01CR
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	6	48	2,046.38	42.63	.001	341.06	.04
MEDICAL	3	9	525.11	58.35	.000	175.04	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	13	132.76	10.21	.000	132.76	.00
RADIOLOGY	3	7	829.07	118.44	.000	276.36	.01
ROOM USE	5	11	446.66	40.61	.000	89.33	.01
CROSSOVERS/ALL OTH OUTPTNT	3	8	112.78	14.10	.000	37.59	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,187
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

	57,279 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,264	16,404	\$	1,951,982.78	\$ 118.99	.286	\$ 862.18	\$ 34.08
COMM HOSP INPATIENT TOTAL	432	3,263		1,647,929.91	505.04	.057	3814.65	28.77
HSC HOSPITALS	223	1,229		1,386,166.73	1127.88	.021	6215.99	24.20
NON-HSC HOSPITALS TOTAL	19	270		110,990.85	411.08	.005	5841.62	1.94
ACCOMMODATIONS	19	270		67,404.10	249.64	.005	3547.58	1.18
ADMINISTRATIVE DAYS	13	251		50,212.76	200.05	.004	3862.52	.88
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	19		17,191.34	904.81	.000	2865.22	.30
ANCILLARIES	19	0		43,586.75	.00	.000	2294.04	.76
INPATIENT CROSSOVERS	200	1,764		150,772.33	85.47	.031	753.86	2.63
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,912	13,141		304,052.87	23.14	.229	159.02	5.31
MEDICAL	210	281		17,182.70	61.15	.005	81.82	.30
SURGERY	167	185		17,833.96	96.40	.003	106.79	.31
PATHOLOGY	387	2,625		21,257.21	8.10	.046	54.93	.37
RADIOLOGY	322	616		50,258.63	81.59	.011	156.08	.88
ROOM USE	589	950		50,143.71	52.78	.017	85.13	.88
CROSSOVERS/ALL OTH OUTPTNT	1,287	8,484		147,376.66	17.37	.148	114.51	2.57
@STATE HOSPITAL	11	360	\$	214,212.05	\$ 595.03	.006	\$ 19473.82	\$ 3.74
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	11	360		214,212.05	595.03	.006	19473.82	3.74
@NURSING FACILITY	20,324	645,765	\$	63,970,977.21	\$ 99.06	11.274	\$ 3147.56	\$ 1116.83
LEV A-INTERMEDIATE	683	22,529		1,253,051.76	55.62	.393	1834.63	21.88
LEV B-REHAB MD	141	4,836		494,886.06	102.33	.084	3509.83	8.64
LEV B-SUBACUTE FREESTANDING	1	3		219.77	73.26	.000	219.77	.00
LEV B-SUBACUTE HSPTL BASED	74	3,253		1,565,737.98	481.32	.057	21158.62	27.34
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	19,478	615,144		60,657,081.64	98.61	10.739	3114.13	1058.98
@INTERMEDIATE CARE FACIL.-DD	16	464	\$	51,419.24	\$ 110.82	.008	\$ 3213.70	\$.90
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	16	464		51,419.24	110.82	.008	3213.70	.90
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	98	1,032	\$	115,204.53	\$ 111.63	.018	\$ 1175.56	\$ 2.01
HOSPITAL BASED	5	206		37,011.67	179.67	.004	7402.33	.65
HEMODIALYSIS CENTER	93	826		78,192.86	94.66	.014	840.78	1.37
@REHABILITATION FACILITY	6	33	\$	585.83	\$ 17.75	.001	\$ 97.64	\$.01
HOSPITAL BASED	6	33		585.83	17.75	.001	97.64	.01
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1,379	6,399	\$	69,876.09	\$ 10.92	.112	\$ 50.67	\$ 1.22
PATHOLOGY	1,343	6,233		69,481.61	11.15	.109	51.74	1.21
XO AND OTHERS	36	166		394.48	2.38	.003	10.96	.01
@ORGANIZED OUTPATIENT CLINIC	409	1,541	\$	70,821.97	\$ 45.96	.027	\$ 173.16	\$ 1.24
CLINIC	168	607		13,080.30	21.55	.011	77.86	.23

SURGICENTER	113	699	39,021.73	55.83	.012	345.33	.68
HEROIN DETOX CLINIC	1	40	408.77	10.22	.001	408.77	.01
RURAL HEALTH CLINIC	129	195	18,311.17	93.90	.003	141.95	.32

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,188
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDEY - AGED

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
57,279 ELIGIBLES							
@ALL OTHER PROVIDERS	6,330	413,803	\$ 1,273,848.21	\$ 3.08	7.224	\$ 201.24	\$ 22.24
DURABLE MED. EQUIP.	524	2,957	274,710.01	92.90	.052	524.26	4.80
BLOOD BANK	1	30	459.00	15.30	.001	459.00	.01
HEARING AID DISPENSERS	36	41	6,263.56	152.77	.001	173.99	.11
MEDICAL TRANSPORTATION	2,701	74,540	320,286.65	4.30	1.301	118.58	5.59
AMBULANCES/AIR TRANS	209	1,483	27,879.23	18.80	.026	133.39	.49
OTHER TRANS	1,965	67,368	252,875.24	3.75	1.176	128.69	4.41
OTHER SERVICES	634	5,689	39,532.18	6.95	.099	62.35	.69
ACUPUNCTURE	139	366	6,487.84	17.73	.006	46.68	.11
ADULT DAY HEALTH CARE CTR	211	2,858	188,934.28	66.11	.050	895.42	3.30
GENETIC DISEASE TESTING	1	1	41.00	41.00	.000	41.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	66	1,121	42,791.90	38.17	.020	648.36	.75
OCCUPATIONAL THERAPIST	5	13	274.11	21.09	.000	54.82	.00
OPTICIAN	973	2,316	30,019.91	12.96	.040	30.85	.52
PHYSICAL THERAPIST	13	76	1,113.81	14.66	.001	85.68	.02
PORTABLE X-RAY	77	140	720.97	5.15	.002	9.36	.01
PROSTHETIST/ORTHOTISTS	92	207	10,085.87	48.72	.004	109.63	.18
PROSTHETICS	77	182	8,525.35	46.84	.003	110.72	.15
ORTHOTICS	17	25	1,560.52	62.42	.000	91.80	.03
PSYCHOLOGIST	44	54	947.51	17.55	.001	21.53	.02
SPEECH AND AUDIOLOGY	534	868	69,170.30	79.69	.015	129.53	1.21
HOSPICE SERVICES	78	1,802	176,095.33	97.72	.031	2257.63	3.07
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,480	326,413	145,446.16	.45	5.699	98.27	2.54
@CALIF. CHILDREN SERVICES*	2	3CR	\$ 604.92	\$ 201.64CR	.000	\$ 302.46	\$.01
@XOVER EXCLUDING STATE HOSP**	10,142	312,880	\$ 1,549,050.27	\$ 4.95	5.462	\$ 152.74	\$ 27.04

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 10,189
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDEY - BLIND	

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
151 ELIGIBLES							
@TOTAL, ALL PROVIDERS	173	9,164	\$ 212,890.33	\$ 23.23	60.689	\$ 1230.58	\$ 1409.87
@PHYSICIANS SERVICES	72	494	\$ 12,029.58	\$ 24.35	3.272	\$ 167.08	\$ 79.67
OUTPATIENT VISITS	38	67	2,393.62	35.73	.444	62.99	15.85
OFFICE VISITS	30	53	1,681.87	31.73	.351	56.06	11.14
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	6	8	594.74	74.34	.053	99.12	3.94
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	4	6	117.01	19.50	.040	29.25	.77
INPATIENT VISITS	4	33	852.50	25.83	.219	213.13	5.65
HOSPITAL VISITS	4	31	609.30	19.65	.205	152.33	4.04
CRITICAL CARE	1	2	243.20	121.60	.013	243.20	1.61
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	5	7	266.13	38.02	.046	53.23	1.76
EXAMINATIONS	4	6	246.13	41.02	.040	61.53	1.63
SERVICES AND MATERIALS	1	1	20.00	20.00	.007	20.00	.13
INPATIENT HOSPITAL SURGERY	2	13	576.14	44.32	.086	288.07	3.82
PRINCIPAL SURGEON	1	1	332.09	332.09	.007	332.09	2.20
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	12	244.05	20.34	.079	244.05	1.62
OUTPATIENT SURGERY	8	28	1,863.21	66.54	.185	232.90	12.34
PRINCIPAL SURGEON	5	7	1,269.75	181.39	.046	253.95	8.41
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	21	593.46	28.26	.139	197.82	3.93
DIALYSIS	5	7	1,238.40	176.91	.046	247.68	8.20
PATHOLOGY	12	19	300.29	15.80	.126	25.02	1.99
RADIOLOGY	16	24	648.00	27.00	.159	40.50	4.29
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	5	52	549.82	10.57	.344	109.96	3.64
OTHER SERVICES/ALL X-OVERS	44	244	3,341.47	13.69	1.616	75.94	22.13
@PHARMACY	133	2,965	\$ 46,494.76	\$ 15.68	19.636	\$ 349.58	\$ 307.91
PRESCRIPTION DRUGS	132	687	43,051.84	62.67	4.550	326.15	285.11
SNF/ICF	9	45	2,497.26	55.49	.298	277.47	16.54
OUTPATIENTS	123	642	40,554.58	63.17	4.252	329.71	268.57
MEDICAL SUPPLIES	28	2,278	3,442.92	1.51	15.086	122.96	22.80
@DENTIST	13	59	\$ 3,482.00	\$ 59.02	.391	\$ 267.85	\$ 23.06
VISITS - DIAGNOSTIC	9	32	450.00	14.06	.212	50.00	2.98
ORAL SURGERY	1	15	567.00	37.80	.099	567.00	3.75
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	5	6	690.00	115.00	.040	138.00	4.57
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	6	1,775.00	295.83	.040	887.50	11.75
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 10,190
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND						

151 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	7	\$ 153.67	\$ 21.95	.046	\$ 76.84	\$ 1.02
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.007	47.45	.31
EYE APPLIANCES	2	6	106.22	17.70	.040	53.11	.70
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	3	3	\$ 41.72	\$ 13.91	.020	\$ 13.91	\$.28

MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	3	3		41.72	13.91	.020	13.91	.28
@HOME HEALTH AGENCY	16	2,012	\$	59,429.42	\$ 29.54	13.325	\$ 3714.34	\$ 393.57
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	24	257	\$	32,015.62	\$ 124.57	1.702	\$ 1333.98	\$ 212.02
HOSP INPATIENT TOTAL	9	46		27,041.50	587.86	.305	3004.61	179.08
HSC HOSPITALS	4	16		19,008.00	1188.00	.106	4752.00	125.88
NON-HSC HOSPITAL TOTAL	1	4		4,805.50	1201.38	.026	4805.50	31.82
ACCOMMODATIONS	1	4		2,033.00	508.25	.026	2033.00	13.46
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4		2,033.00	508.25	.026	2033.00	13.46
ANCILLARIES	1	0		2,772.50	.00	.000	2772.50	18.36
INPATIENT CROSSOVERS	4	26		3,228.00	124.15	.172	807.00	21.38
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	17	211		4,974.12	23.57	1.397	292.60	32.94
MEDICAL	6	13		502.40	38.65	.086	83.73	3.33
SURGERY	3	3		305.02	101.67	.020	101.67	2.02
PATHOLOGY	6	48		496.60	10.35	.318	82.77	3.29
RADIOLOGY	4	4		144.26	36.07	.026	36.07	.96
ROOM USE	9	95		953.86	10.04	.629	105.98	6.32
CROSSOVERS/ALL OTH OUTPTNT	10	48		2,571.98	53.58	.318	257.20	17.03
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND

	151 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	24	257	\$	32,015.62	\$ 124.57	1.702	\$ 1333.98	\$ 212.02
COMM HOSP INPATIENT TOTAL	9	46		27,041.50	587.86	.305	3004.61	179.08
HSC HOSPITALS	4	16		19,008.00	1188.00	.106	4752.00	125.88
NON-HSC HOSPITALS TOTAL	1	4		4,805.50	1201.38	.026	4805.50	31.82
ACCOMMODATIONS	1	4		2,033.00	508.25	.026	2033.00	13.46

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4		2,033.00	508.25	.026	2033.00	13.46
ANCILLARIES	1	0		2,772.50	.00	.000	2772.50	18.36
INPATIENT CROSSOVERS	4	26		3,228.00	124.15	.172	807.00	21.38
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	17	211		4,974.12	23.57	1.397	292.60	32.94
MEDICAL	6	13		502.40	38.65	.086	83.73	3.33
SURGERY	3	3		305.02	101.67	.020	101.67	2.02
PATHOLOGY	6	48		496.60	10.35	.318	82.77	3.29
RADIOLOGY	4	4		144.26	36.07	.026	36.07	.96
ROOM USE	9	95		953.86	10.04	.629	105.98	6.32
CROSSOVERS/ALL OTH OUTPTNT	10	48		2,571.98	53.58	.318	257.20	17.03
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	8	195	\$	22,546.53	\$ 115.62	1.291	\$ 2818.32	\$ 149.31
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	1	30		3,627.90	120.93	.199	3627.90	24.03
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	7	165		18,918.63	114.66	1.093	2702.66	125.29
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	13	883	\$	23,313.23	\$ 26.40	5.848	\$ 1793.33	\$ 154.39
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	13	883		23,313.23	26.40	5.848	1793.33	154.39
@REHABILITATION FACILITY	2	29	\$	554.70	\$ 19.13	.192	\$ 277.35	\$ 3.67
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00

INDEPENDENT FACILITY	2	29		554.70		19.13	.192	277.35		3.67
@LABORATORY FACILITY	19	119	\$	1,403.79	\$	11.80	.788	\$ 73.88	\$	9.30
PATHOLOGY	19	118		1,379.19		11.69	.781	72.59		9.13
XO AND OTHERS	1	1		24.60		24.60	.007	24.60		.16
@ORGANIZED OUTPATIENT CLINIC	6	16	\$	1,795.03	\$	112.19	.106	\$ 299.17	\$	11.89
CLINIC	6	16		1,795.03		112.19	.106	299.17		11.89
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00		.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND

	151 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	36		2,125	\$ 9,630.28	\$ 4.53	14.073	\$ 267.51	\$ 63.78
DURABLE MED. EQUIP.	5		12	6,602.17	550.18	.079	1320.43	43.72
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	10		198	1,495.14	7.55	1.311	149.51	9.90
AMBULANCES/AIR TRANS	2		14	310.39	22.17	.093	155.20	2.06
OTHER TRANS	4		163	947.65	5.81	1.079	236.91	6.28
OTHER SERVICES	4		21	237.10	11.29	.139	59.28	1.57
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	4		17	194.55	11.44	.113	48.64	1.29
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2		3	72.37	24.12	.020	36.19	.48
PROSTHETICS	2		3	72.37	24.12	.020	36.19	.48
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0		0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0		0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	7		42	477.70	11.37	.278	68.24	3.16
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	12		1,853	788.35	.43	12.272	65.70	5.22
@CALIF. CHILDREN SERVICES*	6		44	\$ 6,549.90	\$ 148.86	.291	\$ 1091.65	\$ 43.38
@XOVER EXCLUDING STATE HOSP**	32		462	\$ 12,252.93	\$ 26.52	3.060	\$ 382.90	\$ 81.15

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 10,193
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED	

	39,318 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	32,812		1,135,658	\$ 47,479,570.81	\$ 41.81	28.884	\$ 1447.02	\$ 1207.58
@PHYSICIANS SERVICES	10,057		61,839	\$ 2,197,718.55	\$ 35.54	1.573	\$ 218.53	\$ 55.90

OUTPATIENT VISITS	3,778	6,132	233,700.03	38.11	.156	61.86	5.94
OFFICE VISITS	2,486	3,914	123,145.38	31.46	.100	49.54	3.13
HOME VISITS	8	12	546.20	45.52	.000	68.28	.01
EMERGENCY ROOM	933	1,237	86,383.43	69.83	.031	92.59	2.20
PREVENTIVE CARE	1	1	54.83	54.83	.000	54.83	.00
OB VISITS/COMPRE PERI	2	5	318.92	63.78	.000	159.46	.01
OTHER OUTPATIENT	687	963	23,251.27	24.14	.024	33.84	.59
INPATIENT VISITS	1,250	8,484	340,679.19	40.16	.216	272.54	8.66
HOSPITAL VISITS	900	7,540	289,289.57	38.37	.192	321.43	7.36
CRITICAL CARE	82	259	31,532.96	121.75	.007	384.55	.80
SNF/ICF/TRANS IP CARE	380	685	19,856.66	28.99	.017	52.25	.51
OPHTHALMOLOGICAL SERVICES	152	170	7,138.76	41.99	.004	46.97	.18
EXAMINATIONS	149	167	7,078.76	42.39	.004	47.51	.18
SERVICES AND MATERIALS	3	3	60.00	20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY	509	3,693	307,216.54	83.19	.094	603.57	7.81
PRINCIPAL SURGEON	425	1,069	239,794.69	224.32	.027	564.22	6.10
ASSISTANT SURGEON	41	129	11,308.26	87.66	.003	275.81	.29
ANESTHESIOLOGIST	165	2,495	56,113.59	22.49	.063	340.08	1.43
OUTPATIENT SURGERY	575	1,315	125,696.46	95.59	.033	218.60	3.20
PRINCIPAL SURGEON	478	636	107,544.45	169.10	.016	224.99	2.74
ASSISTANT SURGEON	2	2	482.87	241.44	.000	241.44	.01
ANESTHESIOLOGIST	128	677	17,669.14	26.10	.017	138.04	.45
DIALYSIS	125	865	30,202.95	34.92	.022	241.62	.77
PATHOLOGY	1,011	4,285	70,118.67	16.36	.109	69.36	1.78
RADIOLOGY	2,022	7,496	310,644.48	41.44	.191	153.63	7.90
PSYCHIATRY	2	3	88.98	29.66	.000	44.49	.00
IMMUNIZATION AND INJECTION	330	9,963	437,669.12	43.93	.253	1326.27	11.13
OTHER SERVICES/ALL X-OVERS	5,835	19,433	334,563.37	17.22	.494	57.34	8.51
@PHARMACY	25,902	346,967	\$ 11,794,757.22	\$ 33.99	8.825	\$ 455.36	\$ 299.98
PRESCRIPTION DRUGS	25,612	131,614	11,491,422.01	87.31	3.347	448.67	292.27
SNF/ICF	3,733	26,795	1,744,082.38	65.09	.681	467.21	44.36
OUTPATIENTS	22,050	104,819	9,747,339.63	92.99	2.666	442.06	247.91
MEDICAL SUPPLIES	2,264	215,353	303,335.21	1.41	5.477	133.98	7.71
@DENTIST	3,041	13,756	\$ 625,488.96	\$ 45.47	.350	\$ 205.69	\$ 15.91
VISITS - DIAGNOSTIC	2,022	8,338	110,457.70	13.25	.212	54.63	2.81
ORAL SURGERY	478	1,676	74,650.45	44.54	.043	156.17	1.90
DRUGS	5	5	40.00	8.00	.000	8.00	.00
ANESTHESIA	10	10	900.00	90.00	.000	90.00	.02
PERIODONTICS	247	304	52,110.00	171.41	.008	210.97	1.33
ENDODONTICS	178	285	64,860.00	227.58	.007	364.38	1.65
RESTORATIVE DENTISTRY	822	1,966	186,273.31	94.75	.050	226.61	4.74
PROSTHETICS	33	35	800.00	22.86	.001	24.24	.02
DENTURES, STAYPLATES	341	1,081	134,447.50	124.37	.027	394.27	3.42
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	2	3	780.00	260.00	.000	390.00	.02
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	2	50.00	25.00	.000	25.00	.00
ALL OTHER SERVICES	32	51	120.00	2.35	.001	3.75	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 10,194
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED						

EYE APPLIANCES	548	1,533		26,456.35		17.26	.039	48.28	.67
OTHER OPTOMETRIC SERVICES	36	48		1,424.18		29.67	.001	39.56	.04
@CHIROPRACTOR	19	41	\$	685.52	\$	16.72	.001	36.08	.02
VISITS	19	41		685.52		16.72	.001	36.08	.02
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	832	1,426	\$	21,083.80	\$	14.79	.036	25.34	.54
MEDICINE/INJECTIONS	119	152		3,984.27		26.21	.004	33.48	.10
SURGERY/ANES.	24	54		1,539.75		28.51	.001	64.16	.04
RADIO./PATHOLOGY	10	13		224.90		17.30	.000	22.49	.01
OTHER	715	1,207		15,334.88		12.70	.031	21.45	.39
@HOME HEALTH AGENCY	457	60,342	\$	1,911,209.35	\$	31.67	1.535	4182.08	48.61
NURSE ANESTHESIST	26	291	\$	1,147.98	\$	3.94	.007	44.15	.03
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	40	123	\$	2,352.41	\$	19.13	.003	58.81	.06
@TOTAL HOSPITAL	4,668	46,128	\$	11,202,808.44	\$	242.86	1.173	2399.92	284.93
HOSP INPATIENT TOTAL	989	10,742		10,382,294.02		966.51	.273	10497.77	264.06
HSC HOSPITALS	755	7,686		8,751,362.74		1138.61	.195	11591.21	222.58
NON-HSC HOSPITAL TOTAL	95	1,460		1,476,380.86		1011.22	.037	15540.85	37.55
ACCOMMODATIONS	94	1,460		728,445.86		498.94	.037	7749.42	18.53
ADMINISTRATIVE DAYS	57	995		208,963.37		210.01	.025	3666.02	5.31
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	37	465		519,482.49		1117.17	.012	14040.07	13.21
ANCILLARIES	95	0		747,935.00		.00	.000	7873.00	19.02
INPATIENT CROSSOVERS	183	1,596		154,550.42		96.84	.041	844.54	3.93
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4,008	35,386		820,514.42		23.19	.900	204.72	20.87
MEDICAL	582	895		38,714.30		43.26	.023	66.52	.98
SURGERY	279	293		16,651.88		56.83	.007	59.68	.42
PATHOLOGY	1,393	12,986		98,404.08		7.58	.330	70.64	2.50
RADIOLOGY	825	2,019		166,144.18		82.29	.051	201.39	4.23
ROOM USE	1,746	3,212		133,499.64		41.56	.082	76.46	3.40
CROSSOVERS/ALL OTH OUTPTNT	2,357	15,981		367,100.34		22.97	.406	155.75	9.34
@COUNTY HOSPITAL TOTAL	42	245	\$	29,475.45	\$	120.31	.006	701.80	.75
CO HOSPITAL INPATIENT TOTAL	5	20		22,820.00		1141.00	.001	4564.00	.58
HSC HOSPITALS	5	20		22,820.00		1141.00	.001	4564.00	.58
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	39	225		6,655.45		29.58	.006	170.65	.17
MEDICAL	21	33		1,113.95		33.76	.001	53.05	.03
SURGERY	1	1		51.93		51.93	.000	51.93	.00
PATHOLOGY	16	88		1,322.81		15.03	.002	82.68	.03
RADIOLOGY	10	19		2,029.83		106.83	.000	202.98	.05
ROOM USE	24	35		1,388.66		39.68	.001	57.86	.04
CROSSOVERS/ALL OTH OUTPTNT	15	49		748.27		15.27	.001	49.88	.02
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SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED								

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4,634	45,883	\$	11,173,332.99	\$ 243.52	1.167	\$ 2411.16	\$ 284.18
COMM HOSP INPATIENT TOTAL	985	10,722		10,359,474.02	966.19	.273	10517.23	263.48
HSC HOSPITALS	751	7,666		8,728,542.74	1138.60	.195	11622.56	222.00
NON-HSC HOSPITALS TOTAL	95	1,460		1,476,380.86	1011.22	.037	15540.85	37.55
ACCOMMODATIONS	94	1,460		728,445.86	498.94	.037	7749.42	18.53
ADMINISTRATIVE DAYS	57	995		208,963.37	210.01	.025	3666.02	5.31
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	37	465		519,482.49	1117.17	.012	14040.07	13.21
ANCILLARIES	95	0		747,935.00	.00	.000	7873.00	19.02
INPATIENT CROSSOVERS	183	1,596		154,550.42	96.84	.041	844.54	3.93
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,975	35,161		813,858.97	23.15	.894	204.74	20.70
MEDICAL	562	862		37,600.35	43.62	.022	66.90	.96
SURGERY	278	292		16,599.95	56.85	.007	59.71	.42
PATHOLOGY	1,380	12,898		97,081.27	7.53	.328	70.35	2.47
RADIOLOGY	817	2,000		164,114.35	82.06	.051	200.87	4.17
ROOM USE	1,726	3,177		132,110.98	41.58	.081	76.54	3.36
CROSSOVERS/ALL OTH OUTPTNT	2,346	15,932		366,352.07	22.99	.405	156.16	9.32
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	3,040	94,764	\$	12,219,257.70	\$ 128.94	2.410	\$ 4019.49	\$ 310.78
LEV A-INTERMEDIATE	93	2,947		152,724.58	51.82	.075	1642.20	3.88
LEV B-REHAB MD	308	10,034		992,191.99	98.88	.255	3221.40	25.24
LEV B-SUBACUTE FREESTANDING	3	78		46,959.90	602.05	.002	15653.30	1.19
LEV B-SUBACUTE HSPTL BASED	92	3,805		1,920,588.02	504.75	.097	20875.96	48.85
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	2,557	77,900		9,106,793.21	116.90	1.981	3561.51	231.62
@INTERMEDIATE CARE FACIL.-DD	1,182	35,714	\$	4,363,714.16	\$ 122.18	.908	\$ 3691.81	\$ 110.99
ICF DDH	554	16,782		2,207,218.96	131.52	.427	3984.15	56.14
ICF DD	595	17,914		2,010,390.85	112.22	.456	3378.81	51.13
ICF DDN/DDCN	33	1,018		146,104.35	143.52	.026	4427.40	3.72
@HEMODIALYSIS TOTAL	566	10,248	\$	627,720.38	\$ 61.25	.261	\$ 1109.05	\$ 15.97
HOSPITAL BASED	2	19		2,616.20	137.69	.000	1308.10	.07
HEMODIALYSIS CENTER	565	10,229		625,104.18	61.11	.260	1106.38	15.90
@REHABILITATION FACILITY	91	656	\$	15,104.36	\$ 23.02	.017	\$ 165.98	\$.38
HOSPITAL BASED	46	209		7,057.17	33.77	.005	153.42	.18
INDEPENDENT FACILITY	45	447		8,047.19	18.00	.011	178.83	.20
@LABORATORY FACILITY	1,597	8,407	\$	90,707.85	\$ 10.79	.214	\$ 56.80	\$ 2.31
PATHOLOGY	1,584	8,378		90,441.96	10.80	.213	57.10	2.30
XO AND OTHERS	13	29		265.89	9.17	.001	20.45	.01
@ORGANIZED OUTPATIENT CLINIC	769	2,109	\$	89,696.28	\$ 42.53	.054	\$ 116.64	\$ 2.28
CLINIC	532	1,473		33,721.26	22.89	.037	63.39	.86
SURGICENTER	60	238		12,422.31	52.19	.006	207.04	.32
HEROIN DETOX CLINIC	7	89		1,010.76	11.36	.002	144.39	.03
RURAL HEALTH CLINIC	176	309		42,541.95	137.68	.008	241.72	1.08
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SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED							

					----- MONTHLY AVERAGE -----			
39,318 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@ALL OTHER PROVIDERS	5,911	450,895	\$ 2,271,419.52	\$ 5.04	11.468	\$ 384.27	\$ 57.77	
DURABLE MED. EQUIP.	712	4,406	549,536.52	124.72	.112	771.82	13.98	
BLOOD BANK	1	30	459.00	15.30	.001	459.00	.01	

HEARING AID DISPENSERS	15	19	3,465.77	182.41	.000	231.05	.09
MEDICAL TRANSPORTATION	1,671	88,000	417,868.51	4.75	2.238	250.07	10.63
AMBULANCES/AIR TRANS	484	5,302	103,692.71	19.56	.135	214.24	2.64
OTHER TRANS	801	78,334	271,659.28	3.47	1.992	339.15	6.91
OTHER SERVICES	472	4,364	42,516.52	9.74	.111	90.08	1.08
ACUPUNCTURE	45	90	1,600.31	17.78	.002	35.56	.04
ADULT DAY HEALTH CARE CTR	64	1,059	70,035.19	66.13	.027	1094.30	1.78
GENETIC DISEASE TESTING	3	3	315.00	105.00	.000	105.00	.01
IHMC,MODEL-NF,NF,AIDS,MSSP	355	15,097	474,394.22	31.42	.384	1336.32	12.07
OCCUPATIONAL THERAPIST	8	119	548.36	4.61	.003	68.55	.01
OPTICIAN	744	1,739	23,433.99	13.48	.044	31.50	.60
PHYSICAL THERAPIST	17	137	2,162.31	15.78	.003	127.19	.05
PORTABLE X-RAY	29	56	1,031.25	18.42	.001	35.56	.03
PROSTHETIST/ORTHOTISTS	104	411	37,418.49	91.04	.010	359.79	.95
PROSTHETICS	98	404	36,981.97	91.54	.010	377.37	.94
ORTHOTICS	6	7	436.52	62.36	.000	72.75	.01
PSYCHOLOGIST	54	72	1,893.34	26.30	.002	35.06	.05
SPEECH AND AUDIOLOGY	710	2,532	112,224.22	44.32	.064	158.06	2.85
HOSPICE SERVICES	69	1,605	213,684.09	133.14	.041	3096.87	5.43
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	655	37,301	190,037.81	5.09	.949	290.13	4.83
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,438	298,219	171,311.14	.57	7.585	119.13	4.36
@CALIF. CHILDREN SERVICES*	325	23,120	\$ 317,116.29	\$ 13.72	.588	\$ 975.74	\$ 8.07
@XOVER EXCLUDING STATE HOSP**	7,029	165,381	\$ 1,218,030.72	\$ 7.36	4.206	\$ 173.29	\$ 30.98

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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SACRAMENTO COUNTY

SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES

156,561 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	65,864	354,450	\$ 25,573,420.23	\$ 72.15	2.264	\$ 388.28	\$ 163.34
@PHYSICIANS SERVICES	23,316	85,231	\$ 4,802,486.38	\$ 56.35	.544	\$ 205.97	\$ 30.67
OUTPATIENT VISITS	15,860	31,368	1,161,993.99	37.04	.200	73.27	7.42
OFFICE VISITS	7,937	10,157	388,841.20	38.28	.065	48.99	2.48
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4,683	5,206	283,394.34	54.44	.033	60.52	1.81
PREVENTIVE CARE	67	68	2,457.91	36.15	.000	36.69	.02
OB VISITS/COMPRE PERI	3,182	14,597	448,481.37	30.72	.093	140.94	2.86
OTHER OUTPATIENT	1,105	1,340	38,819.17	28.97	.009	35.13	.25
INPATIENT VISITS	2,513	11,343	907,253.47	79.98	.072	361.02	5.79
HOSPITAL VISITS	2,271	7,670	351,785.48	45.87	.049	154.90	2.25
CRITICAL CARE	423	3,642	554,991.79	152.39	.023	1312.04	3.54
SNF/ICF/TRANS IP CARE	6	31	476.20	15.36	.000	79.37	.00
OPHTHALMOLOGICAL SERVICES	199	277	12,530.15	45.24	.002	62.97	.08
EXAMINATIONS	172	250	12,003.15	48.01	.002	69.79	.08
SERVICES AND MATERIALS	27	27	527.00	19.52	.000	19.52	.00
INPATIENT HOSPITAL SURGERY	2,427	11,381	1,490,664.73	130.98	.073	614.20	9.52
PRINCIPAL SURGEON	1,694	2,294	1,211,161.83	527.97	.015	714.97	7.74
ASSISTANT SURGEON	203	203	41,336.77	203.63	.001	203.63	.26
ANESTHESIOLOGIST	1,024	8,884	238,166.13	26.81	.057	232.58	1.52
OUTPATIENT SURGERY	1,575	3,418	275,127.89	80.49	.022	174.68	1.76
PRINCIPAL SURGEON	1,350	1,662	222,839.19	134.08	.011	165.07	1.42
ASSISTANT SURGEON	9	9	1,374.29	152.70	.000	152.70	.01
ANESTHESIOLOGIST	466	1,747	50,914.41	29.14	.011	109.26	.33
DIALYSIS	71	354	21,456.04	60.61	.002	302.20	.14
PATHOLOGY	2,607	5,126	87,849.70	17.14	.033	33.70	.56
RADIOLOGY	5,926	11,663	457,608.79	39.24	.074	77.22	2.92
PSYCHIATRY	15	20	1,352.84	67.64	.000	90.19	.01
IMMUNIZATION AND INJECTION	725	3,371	95,610.90	28.36	.022	131.88	.61
OTHER SERVICES/ALL X-OVERS	2,984	6,910	291,037.88	42.12	.044	97.53	1.86
@PHARMACY	16,110	41,740	\$ 2,070,194.42	\$ 49.60	.267	\$ 128.50	\$ 13.22
PRESCRIPTION DRUGS	15,760	34,126	1,688,540.17	49.48	.218	107.14	10.79
SNF/ICF	19	111	8,266.31	74.47	.001	435.07	.05
OUTPATIENTS	15,747	34,015	1,680,273.86	49.40	.217	106.70	10.73
MEDICAL SUPPLIES	891	7,614	381,654.25	50.13	.049	428.34	2.44
@DENTIST	3,876	21,630	\$ 576,012.39	\$ 26.63	.138	\$ 148.61	\$ 3.68
VISITS - DIAGNOSTIC	2,863	13,984	174,616.74	12.49	.089	60.99	1.12
ORAL SURGERY	663	1,278	59,086.50	46.23	.008	89.12	.38
DRUGS	31	34	630.00	18.53	.000	20.32	.00
ANESTHESIA	8	8	399.00	49.88	.000	49.88	.00
PERIODONTICS	183	201	19,472.25	96.88	.001	106.41	.12
ENDODONTICS	333	610	70,093.25	114.91	.004	210.49	.45
RESTORATIVE DENTISTRY	1,434	4,755	230,724.25	48.52	.030	160.90	1.47
PROSTHETICS	16	21	330.00	15.71	.000	20.63	.00
DENTURES, STAYPLATES	64	304	13,113.40	43.14	.002	204.90	.08
SPACE MAINTAINERS	17	30	1,062.00	35.40	.000	62.47	.01
MAXILLOFACIAL SERVICES	11	11	250.00	22.73	.000	22.73	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	90	258	5,850.00	22.67	.002	65.00	.04
ALL OTHER SERVICES	79	136	385.00	2.83	.001	4.87	.00

SACRAMENTO COUNTY

SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES

156,561 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@OPTOMETRIST	728	2,294	\$ 55,008.14	\$ 23.98	.015 \$ 75.56	\$.35
DIAGNOSTIC AND ANC. PROCED	628	631	29,382.57	46.57	.004 46.79	.19
EYE APPLIANCES	565	1,657	25,309.57	15.27	.011 44.80	.16
OTHER OPTOMETRIC SERVICES	6	6	316.00	52.67	.000 52.67	.00
@CHIROPRACTOR	16	29	\$ 459.80	\$ 15.86	.000 \$ 28.74	\$.00
VISITS	16	29	459.80	15.86	.000 28.74	.00
OTHER SERVICES	0	0	.00	.00	.000 .00	.00
@PODIATRIST	49	77	\$ 3,951.36	\$ 51.32	.000 \$ 80.64	\$.03
MEDICINE/INJECTIONS	39	45	1,623.36	36.07	.000 41.62	.01
SURGERY/ANES.	13	15	1,628.70	108.58	.000 125.28	.01
RADIO./PATHOLOGY	4	7	122.82	17.55	.000 30.71	.00
OTHER	6	10	576.48	57.65	.000 96.08	.00
@HOME HEALTH AGENCY	243	1,257	\$ 76,216.87	\$ 60.63	.008 \$ 313.65	\$.49
NURSE ANESTHESIST	1	6	\$ 143.70	\$ 23.95	.000 \$ 143.70	\$.00
NURSE MIDWIFE	46	434	\$ 13,792.47	\$ 31.78	.003 \$ 299.84	\$.09
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	24	42	\$ 1,132.74	\$ 26.97	.000 \$ 47.20	\$.01
@TOTAL HOSPITAL	11,791	61,031	\$ 15,627,352.72	\$ 256.06	.390 \$ 1325.36	\$ 99.82
HOSP INPATIENT TOTAL	2,480	11,942	14,359,976.84	1202.48	.076 5790.31	91.72
HSC HOSPITALS	2,397	11,267	13,618,680.33	1208.72	.072 5681.55	86.99
NON-HSC HOSPITAL TOTAL	93	638	739,242.98	1158.69	.004 7948.85	4.72
ACCOMMODATIONS	91	638	441,138.75	691.44	.004 4847.68	2.82
ADMINISTRATIVE DAYS	11	159	35,411.18	222.71	.001 3219.20	.23
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00	.00
ALL OTHER ACCOM	80	479	405,727.57	847.03	.003 5071.59	2.59
ANCILLARIES	93	0	298,104.23	.00	.000 3205.42	1.90
INPATIENT CROSSOVERS	3	37	2,053.53	55.50	.000 684.51	.01
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00	.00
HOSP OUTPATIENT TOTAL	10,032	49,089	1,267,375.88	25.82	.314 126.33	8.10
MEDICAL	1,129	1,474	59,283.93	40.22	.009 52.51	.38
SURGERY	1,010	1,272	47,807.62	37.58	.008 47.33	.31
PATHOLOGY	3,739	21,376	205,827.48	9.63	.137 55.05	1.31
RADIOLOGY	2,722	3,965	300,935.35	75.90	.025 110.56	1.92
ROOM USE	7,051	9,328	358,457.58	38.43	.060 50.84	2.29
CROSSOVERS/ALL OTH OUTPTNT	4,323	11,674	295,063.92	25.28	.075 68.25	1.88
@COUNTY HOSPITAL TOTAL	168	1,042	\$ 206,599.37	\$ 198.27	.007 \$ 1229.76	\$ 1.32
CO HOSPITAL INPATIENT TOTAL	26	168	182,648.65	1087.19	.001 7024.95	1.17
HSC HOSPITALS	26	163	178,701.24	1096.33	.001 6873.12	1.14
NON-HSC HOSPITALS TOTAL	1	5	3,947.41	789.48	.000 3947.41	.03
ACCOMMODATIONS	1	5	1,156.50	231.30	.000 1156.50	.01
ADMINISTRATIVE DAYS	1	5	1,156.50	231.30	.000 1156.50	.01
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000 .00	.00
ANCILLARIES	1	0	2,790.91	.00	.000 2790.91	.02
INPATIENT CROSSOVERS	0	0	.00	.00	.000 .00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00	.00
CO HOSP OUTPATIENT TOTAL	152	874	23,950.72	27.40	.006 157.57	.15
MEDICAL	28	33	1,271.18	38.52	.000 45.40	.01
SURGERY	39	58	2,257.54	38.92	.000 57.89	.01
PATHOLOGY	79	399	6,347.69	15.91	.003 80.35	.04
RADIOLOGY	21	25	1,436.12	57.44	.000 68.39	.01
ROOM USE	75	145	7,001.61	48.29	.001 93.35	.04

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
156,561 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	11,641	59,989	\$ 15,420,753.35	\$ 257.06	.383	\$ 1324.69	\$ 98.50
COMM HOSP INPATIENT TOTAL	2,456	11,774	14,177,328.19	1204.12	.075	5772.53	90.55
HSC HOSPITALS	2,373	11,104	13,439,979.09	1210.37	.071	5663.71	85.85
NON-HSC HOSPITALS TOTAL	92	633	735,295.57	1161.60	.004	7992.34	4.70
ACCOMMODATIONS	90	633	439,982.25	695.07	.004	4888.69	2.81
ADMINISTRATIVE DAYS	10	154	34,254.68	222.43	.001	3425.47	.22
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	80	479	405,727.57	847.03	.003	5071.59	2.59
ANCILLARIES	92	0	295,313.32	.00	.000	3209.93	1.89
INPATIENT CROSSTOVERS	3	37	2,053.53	55.50	.000	684.51	.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	9,892	48,215	1,243,425.16	25.79	.308	125.70	7.94
MEDICAL	1,101	1,441	58,012.75	40.26	.009	52.69	.37
SURGERY	973	1,214	45,550.08	37.52	.008	46.81	.29
PATHOLOGY	3,666	20,977	199,479.79	9.51	.134	54.41	1.27
RADIOLOGY	2,703	3,940	299,499.23	76.02	.025	110.80	1.91
ROOM USE	6,978	9,183	351,455.97	38.27	.059	50.37	2.24
CROSSTOVERS/ALL OTH OUTPTNT	4,236	11,460	289,427.34	25.26	.073	68.33	1.85
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	12	327	\$ 84,897.54	\$ 259.63	.002	\$ 7074.80	\$.54
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	4	85	44,263.03	520.74	.001	11065.76	.28
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	8	242	40,634.51	167.91	.002	5079.31	.26
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	114	7,940	\$ 266,358.00	\$ 33.55	.051	\$ 2336.47	\$ 1.70
HOSPITAL BASED	2	28	5,234.01	186.93	.000	2617.01	.03
HEMODIALYSIS CENTER	113	7,912	261,123.99	33.00	.051	2310.83	1.67
@REHABILITATION FACILITY	176	838	\$ 22,348.41	\$ 26.67	.005	\$ 126.98	\$.14
HOSPITAL BASED	94	373	13,520.07	36.25	.002	143.83	.09
INDEPENDENT FACILITY	82	465	8,828.34	18.99	.003	107.66	.06
@LABORATORY FACILITY	6,104	19,814	\$ 277,689.80	\$ 14.01	.127	\$ 45.49	\$ 1.77
PATHOLOGY	6,104	19,814	277,689.80	14.01	.127	45.49	1.77
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	4,260	16,544	\$ 567,061.65	\$ 34.28	.106	\$ 133.11	\$ 3.62
CLINIC	3,328	14,404	396,235.98	27.51	.092	119.06	2.53
SURGICENTER	114	771	21,883.87	28.38	.005	191.96	.14
HEROIN DETOX CLINIC	9	145	1,541.62	10.63	.001	171.29	.01
RURAL HEALTH CLINIC	819	1,224	147,400.18	120.42	.008	179.98	.94
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156,561 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	21,866	95,216	\$ 1,128,313.84	\$ 11.85	.608	\$ 51.60	\$ 7.21
DURABLE MED. EQUIP.	232	663	61,900.18	93.36	.004	266.81	.40
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	730	12,323	162,550.54	13.19	.079	222.67	1.04
AMBULANCES/AIR TRANS	697	6,865	120,719.73	17.58	.044	173.20	.77
OTHER TRANS	29	5,412	13,724.56	2.54	.035	473.26	.09
OTHER SERVICES	20	46	28,106.25	611.01	.000	1405.31	.18
ACUPUNCTURE	8	17	351.41	20.67	.000	43.93	.00
ADULT DAY HEALTH CARE CTR	7	113	7,519.02	66.54	.001	1074.15	.05
GENETIC DISEASE TESTING	1,799	1,813	147,017.00	81.09	.012	81.72	.94
IHMC,MODEL-NF,NF,AIDS,MSSP	12	61	8,016.65	131.42	.000	668.05	.05
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5,166	11,059	106,676.56	9.65	.071	20.65	.68
PHYSICAL THERAPIST	9	58	1,225.14	21.12	.000	136.13	.01
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	148	267	17,022.86	63.76	.002	115.02	.11
PROSTHETICS	72	177	9,304.99	52.57	.001	129.24	.06
ORTHOTICS	87	90	7,717.87	85.75	.001	88.71	.05
PSYCHOLOGIST	16	55	1,386.56	25.21	.000	86.66	.01
SPEECH AND AUDIOLOGY	10	96	5,224.10	54.42	.001	522.41	.03
HOSPICE SERVICES	5	65	8,670.20	133.39	.000	1734.04	.06
NONINST BIRTHING CENTERS	4	4	4,028.92	1007.23	.000	1007.23	.03
LOCAL EDUCATION AGENCIES	13,816	58,315	588,490.11	10.09	.372	42.59	3.76
EPSDT SUPPLEMENTAL SERVICE	1	27	595.56	22.06	.000	595.56	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	49	10,280	7,639.03	.74	.066	155.90	.05
@CALIF. CHILDREN SERVICES*	3,180	41,849	\$ 7,427,160.05	\$ 177.48	.267	\$ 2335.58	\$ 47.44
@XOVER EXCLUDING STATE HOSP**	112	1,273	\$ 24,741.99	\$ 19.44	.008	\$ 220.91	\$.16

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

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253,309 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	142,528	3,108,502	\$ 151,374,563.05	\$ 48.70	12.272	\$ 1062.07	\$ 597.59
@PHYSICIANS SERVICES	42,487	177,348	\$ 8,006,669.38	\$ 45.15	.700	\$ 188.45	\$ 31.61
OUTPATIENT VISITS	23,143	42,669	1,579,728.09	37.02	.168	68.26	6.24
OFFICE VISITS	13,609	18,662	666,095.84	35.69	.074	48.95	2.63
HOME VISITS	8	12	546.20	45.52	.000	68.28	.00
EMERGENCY ROOM	5,951	6,812	394,594.33	57.93	.027	66.31	1.56
PREVENTIVE CARE	68	69	2,512.74	36.42	.000	36.95	.01
OB VISITS/COMPRE PERI	3,184	14,602	448,800.29	30.74	.058	140.95	1.77
OTHER OUTPATIENT	1,951	2,512	67,178.69	26.74	.010	34.43	.27
INPATIENT VISITS	4,134	21,302	1,310,184.56	61.51	.084	316.93	5.17
HOSPITAL VISITS	3,410	16,379	688,696.56	42.05	.065	201.96	2.72
CRITICAL CARE	522	3,964	594,062.05	149.86	.016	1138.05	2.35
SNF/ICF/TRANS IP CARE	522	959	27,425.95	28.60	.004	52.54	.11
OPHTHALMOLOGICAL SERVICES	633	788	34,349.53	43.59	.003	54.26	.14

EXAMINATIONS	592	746	33,503.12	44.91	.003	56.59	.13
SERVICES AND MATERIALS	42	42	846.41	20.15	.000	20.15	.00
INPATIENT HOSPITAL SURGERY	3,083	16,076	1,879,182.15	116.89	.063	609.53	7.42
PRINCIPAL SURGEON	2,227	3,539	1,507,642.97	426.01	.014	676.98	5.95
ASSISTANT SURGEON	267	361	60,077.33	166.42	.001	225.01	.24
ANESTHESIOLOGIST	1,247	12,176	311,461.85	25.58	.048	249.77	1.23
OUTPATIENT SURGERY	2,626	5,827	594,944.05	102.10	.023	226.56	2.35
PRINCIPAL SURGEON	2,213	2,786	504,631.85	181.13	.011	228.03	1.99
ASSISTANT SURGEON	16	16	2,460.29	153.77	.000	153.77	.01
ANESTHESIOLOGIST	738	3,025	87,851.91	29.04	.012	119.04	.35
DIALYSIS	223	1,305	58,741.75	45.01	.005	263.42	.23
PATHOLOGY	4,255	10,738	177,055.22	16.49	.042	41.61	.70
RADIOLOGY	9,146	21,792	902,360.33	41.41	.086	98.66	3.56
PSYCHIATRY	18	24	1,474.80	61.45	.000	81.93	.01
IMMUNIZATION AND INJECTION	1,389	14,834	586,736.73	39.55	.059	422.42	2.32
OTHER SERVICES/ALL X-OVERS	14,385	41,993	881,912.17	21.00	.166	61.31	3.48
@PHARMACY	76,961	866,631	\$ 22,617,878.38	\$ 26.10	3.421	\$ 293.89	\$ 89.29
PRESCRIPTION DRUGS	75,931	343,430	21,662,048.24	63.08	1.356	285.29	85.52
SNF/ICF	20,603	132,620	6,566,574.99	49.51	.524	318.72	25.92
OUTPATIENTS	55,955	210,810	15,095,473.25	71.61	.832	269.78	59.59
MEDICAL SUPPLIES	5,774	523,201	955,830.14	1.83	2.065	165.54	3.77
@DENTIST	10,207	46,716	\$ 1,748,770.52	\$ 37.43	.184	\$ 171.33	\$ 6.90
VISITS - DIAGNOSTIC	7,402	29,629	403,893.44	13.63	.117	54.57	1.59
ORAL SURGERY	1,524	4,169	187,258.81	44.92	.016	122.87	.74
DRUGS	37	40	695.00	17.38	.000	18.78	.00
ANESTHESIA	23	23	1,599.00	69.52	.000	69.52	.01
PERIODONTICS	599	680	101,557.25	149.35	.003	169.54	.40
ENDODONTICS	583	1,009	160,030.25	158.60	.004	274.49	.63
RESTORATIVE DENTISTRY	2,678	7,843	515,056.06	65.67	.031	192.33	2.03
PROSTHETICS	63	73	1,670.00	22.88	.000	26.51	.01
DENTURES, STAYPLATES	960	2,680	367,038.71	136.95	.011	382.33	1.45
SPACE MAINTAINERS	17	30	1,062.00	35.40	.000	62.47	.00

MAXILLOFACIAL SERVICES	13	14	1,030.00	73.57	.000	79.23	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	93	261	5,900.00	22.61	.001	63.44	.02
ALL OTHER SERVICES	160	265	1,980.00	7.47	.001	12.38	.01

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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
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	253,309 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2,390	6,813	\$	154,484.78	\$ 22.68	.027	\$ 64.64	\$.61
DIAGNOSTIC AND ANC. PROCED	1,395	1,416		65,049.93	45.94	.006	46.63	.26
EYE APPLIANCES	1,819	5,237		85,472.60	16.32	.021	46.99	.34
OTHER OPTOMETRIC SERVICES	117	160		3,962.25	24.76	.001	33.87	.02
@CHIROPRACTOR	37	77	\$	1,262.36	\$ 16.39	.000	\$ 34.12	\$.00
VISITS	36	76		1,245.64	16.39	.000	34.60	.00
OTHER SERVICES	1	1		16.72	16.72	.000	16.72	.00
@PODIATRIST	3,541	5,404	\$	63,171.55	\$ 11.69	.021	\$ 17.84	\$.25
MEDICINE/INJECTIONS	217	269		7,681.74	28.56	.001	35.40	.03
SURGERY/ANES.	42	87		3,668.23	42.16	.000	87.34	.01
RADIO./PATHOLOGY	19	26		451.52	17.37	.000	23.76	.00
OTHER	3,323	5,022		51,370.06	10.23	.020	15.46	.20
@HOME HEALTH AGENCY	788	64,284	\$	2,094,917.12	\$ 32.59	.254	\$ 2658.52	\$ 8.27
NURSE ANESTHESIST	67	490	\$	3,341.85	\$ 6.82	.002	\$ 49.88	\$.01
NURSE MIDWIFE	47	435	\$	13,797.73	\$ 31.72	.002	\$ 293.57	\$.05
PEDIATRIC NURSE PRACTITIONER	1	1	\$	13.70	\$ 13.70	.000	\$ 13.70	\$.00
FAMILY NURSE PRACTITIONER	77	199	\$	4,187.16	\$ 21.04	.001	\$ 54.38	\$.02
@TOTAL HOSPITAL	18,753	123,868	\$	28,815,590.34	\$ 232.63	.489	\$ 1536.59	\$ 113.76
HOSP INPATIENT TOTAL	3,910	25,993		26,416,626.67	1016.30	.103	6756.17	104.29
HSC HOSPITALS	3,379	20,198		23,775,217.80	1177.11	.080	7036.17	93.86
NON-HSC HOSPITAL TOTAL	208	2,372		2,330,804.59	982.63	.009	11205.79	9.20
ACCOMMODATIONS	205	2,372		1,238,406.11	522.09	.009	6041.01	4.89
ADMINISTRATIVE DAYS	81	1,405		293,971.71	209.23	.006	3629.28	1.16
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	124	967		944,434.40	976.66	.004	7616.41	3.73
ANCILLARIES	208	0		1,092,398.48	.00	.000	5251.92	4.31
INPATIENT CROSSOVERS	390	3,423		310,604.28	90.74	.014	796.42	1.23
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	15,975	97,875		2,398,963.67	24.51	.386	150.17	9.47
MEDICAL	1,930	2,672		116,208.44	43.49	.011	60.21	.46
SURGERY	1,459	1,753		82,598.48	47.12	.007	56.61	.33
PATHOLOGY	5,526	37,048		326,118.13	8.80	.146	59.02	1.29
RADIOLOGY	3,876	6,611		518,311.49	78.40	.026	133.72	2.05
ROOM USE	9,400	13,596		543,501.45	39.98	.054	57.82	2.15
CROSSOVERS/ALL OTH OUTPTNT	7,980	36,195		812,225.68	22.44	.143	101.78	3.21
@COUNTY HOSPITAL TOTAL	216	1,335	\$	237,505.60	\$ 177.91	.005	\$ 1099.56	\$.94
CO HOSPITAL INPATIENT TOTAL	31	188		204,853.05	1089.64	.001	6608.16	.81
HSC HOSPITALS	31	183		201,521.24	1101.21	.001	6500.69	.80
NON-HSC HOSPITALS TOTAL	1	5		3,331.81	666.36	.000	3331.81	.01
ACCOMMODATIONS	1	5		540.90	108.18	.000	540.90	.00
ADMINISTRATIVE DAYS	1	5		540.90	108.18	.000	540.90	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	1	0		2,790.91	.00	.000	2790.91	.01
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	197	1,147	32,652.55	28.47	.005	165.75	.13
MEDICAL	52	75	2,910.24	38.80	.000	55.97	.01
SURGERY	40	59	2,309.47	39.14	.000	57.74	.01
PATHOLOGY	96	500	7,803.26	15.61	.002	81.28	.03
RADIOLOGY	34	51	4,295.02	84.22	.000	126.32	.02
ROOM USE	104	191	8,836.93	46.27	.001	84.97	.03
CROSSEOVERS/ALL OTH OUTPTNT	106	271	6,497.63	23.98	.001	61.30	.03

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	253,309 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	18,563	122,533	\$	28,578,084.74	\$ 233.23	.484	\$ 1539.52	\$ 112.82
COMM HOSP INPATIENT TOTAL	3,882	25,805		26,211,773.62	1015.76	.102	6752.13	103.48
HSC HOSPITALS	3,351	20,015		23,573,696.56	1177.80	.079	7034.82	93.06
NON-HSC HOSPITALS TOTAL	207	2,367		2,327,472.78	983.30	.009	11243.83	9.19
ACCOMMODATIONS	204	2,367		1,237,865.21	522.97	.009	6067.97	4.89
ADMINISTRATIVE DAYS	80	1,400		293,430.81	209.59	.006	3667.89	1.16
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	124	967		944,434.40	976.66	.004	7616.41	3.73
ANCILLARIES	207	0		1,089,607.57	.00	.000	5263.80	4.30
INPATIENT CROSSEOVERS	390	3,423		310,604.28	90.74	.014	796.42	1.23
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	15,796	96,728		2,366,311.12	24.46	.382	149.80	9.34
MEDICAL	1,879	2,597		113,298.20	43.63	.010	60.30	.45
SURGERY	1,421	1,694		80,289.01	47.40	.007	56.50	.32
PATHOLOGY	5,439	36,548		318,314.87	8.71	.144	58.52	1.26
RADIOLOGY	3,846	6,560		514,016.47	78.36	.026	133.65	2.03
ROOM USE	9,302	13,405		534,664.52	39.89	.053	57.48	2.11
CROSSEOVERS/ALL OTH OUTPTNT	7,879	35,924		805,728.05	22.43	.142	102.26	3.18
@STATE HOSPITAL	11	360	\$	214,212.05	\$ 595.03	.001	\$ 19473.82	\$.85
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	11	360		214,212.05	595.03	.001	19473.82	.85
@NURSING FACILITY	23,384	741,051	\$	76,297,678.98	\$ 102.96	2.925	\$ 3262.82	\$ 301.20
LEV A-INTERMEDIATE	776	25,476		1,405,776.34	55.18	.101	1811.57	5.55
LEV B-REHAB MD	450	14,900		1,490,705.95	100.05	.059	3312.68	5.88
LEV B-SUBACUTE FREESTANDING	4	81		47,179.67	582.47	.000	11794.92	.19
LEV B-SUBACUTE HSPTL BASED	170	7,143		3,530,589.03	494.27	.028	20768.17	13.94
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	22,050	693,451		69,823,427.99	100.69	2.738	3166.60	275.65
@INTERMEDIATE CARE FACIL.-DD	1,198	36,178	\$	4,415,133.40	\$ 122.04	.143	\$ 3685.42	\$ 17.43
ICF DDH	554	16,782		2,207,218.96	131.52	.066	3984.15	8.71
ICF DD	611	18,378		2,061,810.09	112.19	.073	3374.48	8.14
ICF DDN/DDCN	33	1,018		146,104.35	143.52	.004	4427.40	.58
@HEMODIALYSIS TOTAL	791	20,103	\$	1,032,596.14	\$ 51.37	.079	\$ 1305.43	\$ 4.08
HOSPITAL BASED	9	253		44,861.88	177.32	.001	4984.65	.18
HEMODIALYSIS CENTER	784	19,850		987,734.26	49.76	.078	1259.87	3.90
@REHABILITATION FACILITY	275	1,556	\$	38,593.30	\$ 24.80	.006	\$ 140.34	\$.15
HOSPITAL BASED	146	615		21,163.07	34.41	.002	144.95	.08
INDEPENDENT FACILITY	129	941		17,430.23	18.52	.004	135.12	.07
@LABORATORY FACILITY	9,099	34,739	\$	439,677.53	\$ 12.66	.137	\$ 48.32	\$ 1.74
PATHOLOGY	9,050	34,543		438,992.56	12.71	.136	48.51	1.73
XO AND OTHERS	50	196		684.97	3.49	.001	13.70	.00
@ORGANIZED OUTPATIENT CLINIC	5,444	20,210	\$	729,374.93	\$ 36.09	.080	\$ 133.98	\$ 2.88
CLINIC	4,034	16,500		444,832.57	26.96	.065	110.27	1.76

SURGICENTER	287	1,708	73,327.91	42.93	.007	255.50	.29
HEROIN DETOX CLINIC	17	274	2,961.15	10.81	.001	174.19	.01
RURAL HEALTH CLINIC	1,124	1,728	208,253.30	120.52	.007	185.28	.82

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,204
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
253,309 ELIGIBLES							
@ALL OTHER PROVIDERS	34,143	962,039	\$ 4,683,211.85	\$ 4.87	3.798	\$ 137.16	\$ 18.49
DURABLE MED. EQUIP.	1,473	8,038	892,748.88	111.07	.032	606.08	3.52
BLOOD BANK	2	60	918.00	15.30	.000	459.00	.00
HEARING AID DISPENSERS	51	60	9,729.33	162.16	.000	190.77	.04
MEDICAL TRANSPORTATION	5,112	175,061	902,200.84	5.15	.691	176.49	3.56
AMBULANCES/AIR TRANS	1,392	13,664	252,602.06	18.49	.054	181.47	1.00
OTHER TRANS	2,799	151,277	539,206.73	3.56	.597	192.64	2.13
OTHER SERVICES	1,130	10,120	110,392.05	10.91	.040	97.69	.44
ACUPUNCTURE	192	473	8,439.56	17.84	.002	43.96	.03
ADULT DAY HEALTH CARE CTR	282	4,030	266,488.49	66.13	.016	944.99	1.05
GENETIC DISEASE TESTING	1,803	1,817	147,373.00	81.11	.007	81.74	.58
IHMC, MODEL-NF, NF, AIDS, MSSP	433	16,279	525,202.77	32.26	.064	1212.94	2.07
OCCUPATIONAL THERAPIST	13	132	822.47	6.23	.001	63.27	.00
OPTICIAN	6,887	15,131	160,325.01	10.60	.060	23.28	.63
PHYSICAL THERAPIST	39	271	4,501.26	16.61	.001	115.42	.02
PORTABLE X-RAY	106	196	1,752.22	8.94	.001	16.53	.01
PROSTHETIST/ORTHOTISTS	346	888	64,599.59	72.75	.004	186.70	.26
PROSTHETICS	249	766	54,884.68	71.65	.003	220.42	.22
ORTHOTICS	110	122	9,714.91	79.63	.000	88.32	.04
PSYCHOLOGIST	114	181	4,227.41	23.36	.001	37.08	.02
SPEECH AND AUDIOLOGY	1,254	3,496	186,618.62	53.38	.014	148.82	.74
HOSPICE SERVICES	152	3,472	398,449.62	114.76	.014	2621.38	1.57
NONINST BIRTHING CENTERS	4	4	4,028.92	1007.23	.000	1007.23	.02
LOCAL EDUCATION AGENCIES	14,478	95,658	779,005.62	8.14	.378	53.81	3.08
EPSDT SUPPLEMENTAL SERVICE	1	27	595.56	22.06	.000	595.56	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2,979	636,765	325,184.68	.51	2.514	109.16	1.28
@CALIF. CHILDREN SERVICES*	3,513	65,010	\$ 7,751,431.16	\$ 119.23	.257	\$ 2206.50	\$ 30.60
@XOVER EXCLUDING STATE HOSP**	17,315	479,996	\$ 2,804,075.91	\$ 5.84	1.895	\$ 161.94	\$ 11.07

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 10,205
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82	

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
36,616 ELIGIBLES							
@TOTAL, ALL PROVIDERS	12,456	261,881	\$ 3,595,310.28	\$ 13.73	7.152	\$ 288.64	\$ 98.19
@PHYSICIANS SERVICES	4,612	11,897	\$ 510,013.79	\$ 42.87	.325	\$ 110.58	\$ 13.93
OUTPATIENT VISITS	3,669	5,166	189,276.43	36.64	.141	51.59	5.17
OFFICE VISITS	2,452	3,087	102,061.88	33.06	.084	41.62	2.79
HOME VISITS	14	14	514.61	36.76	.000	36.76	.01
EMERGENCY ROOM	765	838	40,589.38	48.44	.023	53.06	1.11
PREVENTIVE CARE	14	14	633.30	45.24	.000	45.24	.02
OB VISITS/COMPRE PERI	270	840	35,487.65	42.25	.023	131.44	.97

OTHER OUTPATIENT	315	373		9,989.61	26.78	.010	31.71	.27
INPATIENT VISITS	161	700		62,641.96	89.49	.019	389.08	1.71
HOSPITAL VISITS	143	443		22,327.30	50.40	.012	156.13	.61
CRITICAL CARE	33	257		40,314.66	156.87	.007	1221.66	1.10
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	64	80		3,411.15	42.64	.002	53.30	.09
EXAMINATIONS	57	73		3,311.50	45.36	.002	58.10	.09
SERVICES AND MATERIALS	7	7		99.65	14.24	.000	14.24	.00
INPATIENT HOSPITAL SURGERY	174	1,181		102,238.91	86.57	.032	587.58	2.79
PRINCIPAL SURGEON	109	170		75,261.67	442.72	.005	690.47	2.06
ASSISTANT SURGEON	13	13		2,074.96	159.61	.000	159.61	.06
ANESTHESIOLOGIST	89	998		24,902.28	24.95	.027	279.80	.68
OUTPATIENT SURGERY	344	785		53,216.12	67.79	.021	154.70	1.45
PRINCIPAL SURGEON	288	352		41,228.35	117.13	.010	143.15	1.13
ASSISTANT SURGEON	1	1		148.18	148.18	.000	148.18	.00
ANESTHESIOLOGIST	98	432		11,839.59	27.41	.012	120.81	.32
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	403	750		10,379.62	13.84	.020	25.76	.28
RADIOLOGY	803	1,508		53,443.82	35.44	.041	66.56	1.46
PSYCHIATRY	11	17		589.96	34.70	.000	53.63	.02
IMMUNIZATION AND INJECTION	93	349		4,287.08	12.28	.010	46.10	.12
OTHER SERVICES/ALL X-OVERS	461	1,361		30,528.74	22.43	.037	66.22	.83
@PHARMACY	5,641	29,954	\$	785,225.12	\$ 26.21	.818	\$ 139.20	\$ 21.44
PRESCRIPTION DRUGS	5,582	11,826		740,155.22	62.59	.323	132.60	20.21
SNF/ICF	16	47		3,380.25	71.92	.001	211.27	.09
OUTPATIENTS	5,568	11,779		736,774.97	62.55	.322	132.32	20.12
MEDICAL SUPPLIES	236	18,128		45,069.90	2.49	.495	190.97	1.23
@DENTIST	1,400	7,717	\$	203,860.14	\$ 26.42	.211	\$ 145.61	\$ 5.57
VISITS - DIAGNOSTIC	1,073	5,328		76,483.93	14.36	.146	71.28	2.09
ORAL SURGERY	173	319		18,667.00	58.52	.009	107.90	.51
DRUGS	45	50		1,015.00	20.30	.001	22.56	.03
ANESTHESIA	4	5		200.00	40.00	.000	50.00	.01
PERIODONTICS	11	13		1,552.00	119.38	.000	141.09	.04
ENDODONTICS	71	128		18,005.00	140.66	.003	253.59	.49
RESTORATIVE DENTISTRY	492	1,663		77,107.50	46.37	.045	156.72	2.11
PROSTHETICS	3	4		60.00	15.00	.000	20.00	.00
DENTURES, STAYPLATES	2	17		645.00	37.94	.000	322.50	.02
SPACE MAINTAINERS	25	32		2,771.00	86.59	.001	110.84	.08
MAXILLOFACIAL SERVICES	2	3		100.00	33.33	.000	50.00	.00
FRACTURES, DISLOCATIONS	1	1		800.00	800.00	.000	800.00	.02
ORTHODONTIC SERVICES	63	122		6,378.71	52.28	.003	101.25	.17
ALL OTHER SERVICES	12	32		75.00	2.34	.001	6.25	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 10,206
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82							

						----- MONTHLY AVERAGE -----			
36,616 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	246	693	\$	16,266.70	\$ 23.47	.019	\$ 66.12	\$	.44
DIAGNOSTIC AND ANC. PROCED	189	190		8,887.91	46.78	.005	47.03		.24
EYE APPLIANCES	176	499		7,251.08	14.53	.014	41.20		.20
OTHER OPTOMETRIC SERVICES	4	4		127.71	31.93	.000	31.93		.00
@CHIROPRACTOR	56	99	\$	1,655.28	\$ 16.72	.003	\$ 29.56	\$	.05
VISITS	56	99		1,655.28	16.72	.003	29.56		.05
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	12	23	\$	772.77	\$ 33.60	.001	\$ 64.40	\$	.02

MEDICINE/INJECTIONS	10	10		405.69	40.57	.000	40.57	.01
SURGERY/ANES.	6	9		199.08	22.12	.000	33.18	.01
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	2	4		168.00	42.00	.000	84.00	.00
@HOME HEALTH AGENCY	82	5,911	\$	185,006.98	\$ 31.30	.161	\$ 2256.18	\$ 5.05
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	7	147	\$	1,907.44	\$ 12.98	.004	\$ 272.49	\$.05
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	6	14	\$	371.59	\$ 26.54	.000	\$ 61.93	\$.01
@TOTAL HOSPITAL	1,922	7,821	\$	1,345,063.73	\$ 171.98	.214	\$ 699.83	\$ 36.73
HOSP INPATIENT TOTAL	178	943		1,152,238.37	1221.89	.026	6473.25	31.47
HSC HOSPITALS	171	927		1,121,267.49	1209.57	.025	6557.12	30.62
NON-HSC HOSPITAL TOTAL	7	16		30,970.88	1935.68	.000	4424.41	.85
ACCOMMODATIONS	7	16		10,492.84	655.80	.000	1498.98	.29
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	16		10,492.84	655.80	.000	1498.98	.29
ANCILLARIES	7	0		20,478.04	.00	.000	2925.43	.56
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,792	6,878		192,825.36	28.04	.188	107.60	5.27
MEDICAL	265	344		14,706.02	42.75	.009	55.49	.40
SURGERY	184	211		8,818.78	41.80	.006	47.93	.24
PATHOLOGY	559	2,524		26,978.14	10.69	.069	48.26	.74
RADIOLOGY	410	581		38,593.15	66.43	.016	94.13	1.05
ROOM USE	1,360	1,691		67,661.88	40.01	.046	49.75	1.85
CROSSOVERS/ALL OTH OUTPTNT	621	1,527		36,067.39	23.62	.042	58.08	.99
@COUNTY HOSPITAL TOTAL	36	202	\$	12,400.84	\$ 61.39	.006	\$ 344.47	\$.34
CO HOSPITAL INPATIENT TOTAL	1	6		6,288.00	1048.00	.000	6288.00	.17
HSC HOSPITALS	1	6		6,288.00	1048.00	.000	6288.00	.17
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	35	196	6,112.84	31.19	.005	174.65	.17
MEDICAL	11	16	842.73	52.67	.000	76.61	.02
SURGERY	8	11	674.61	61.33	.000	84.33	.02
PATHOLOGY	22	85	1,306.91	15.38	.002	59.41	.04
RADIOLOGY	7	11	701.72	63.79	.000	100.25	.02
ROOM USE	26	42	2,112.02	50.29	.001	81.23	.06
CROSSOVERS/ALL OTH OUTPTNT	13	31	474.85	15.32	.001	36.53	.01
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
MOP024 FEE-FOR-SERVICE/DENTAL							
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82							
----- MONTHLY AVERAGE -----							
36,616 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,895	7,619	\$ 1,332,662.89	\$ 174.91	.208	\$ 703.25	\$ 36.40
COMM HOSP INPATIENT TOTAL	177	937	1,145,950.37	1223.00	.026	6474.30	31.30
HSC HOSPITALS	170	921	1,114,979.49	1210.62	.025	6558.70	30.45
NON-HSC HOSPITALS TOTAL	7	16	30,970.88	1935.68	.000	4424.41	.85
ACCOMMODATIONS	7	16	10,492.84	655.80	.000	1498.98	.29
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	16	10,492.84	655.80	.000	1498.98	.29
ANCILLARIES	7	0	20,478.04	.00	.000	2925.43	.56
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,766	6,682	186,712.52	27.94	.182	105.73	5.10
MEDICAL	254	328	13,863.29	42.27	.009	54.58	.38
SURGERY	176	200	8,144.17	40.72	.005	46.27	.22
PATHOLOGY	537	2,439	25,671.23	10.53	.067	47.80	.70
RADIOLOGY	405	570	37,891.43	66.48	.016	93.56	1.03
ROOM USE	1,341	1,649	65,549.86	39.75	.045	48.88	1.79
CROSSOVERS/ALL OTH OUTPTNT	608	1,496	35,592.54	23.79	.041	58.54	.97
@STATE HOSPITAL	10	341	\$ 151,275.68	\$ 443.62	.009	\$ 15127.57	\$ 4.13
MENTALLY ILL	10	341	151,275.68	443.62	.009	15127.57	4.13
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	70	707	\$ 13,937.12	\$ 19.71	.019	\$ 199.10	\$.38
HOSPITAL BASED	37	135	4,543.49	33.66	.004	122.80	.12

INDEPENDENT FACILITY	33	572		9,393.63		16.42	.016	284.66	.26
@LABORATORY FACILITY	847	2,611	\$	37,706.82	\$	14.44	.071	\$ 44.52	\$ 1.03
PATHOLOGY	847	2,611		37,706.82		14.44	.071	44.52	1.03
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	758	2,486	\$	101,291.42	\$	40.74	.068	\$ 133.63	\$ 2.77
CLINIC	403	1,768		46,534.84		26.32	.048	115.47	1.27
SURGICENTER	35	269		9,211.76		34.24	.007	263.19	.25
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	322	449		45,544.82		101.44	.012	141.44	1.24

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,208
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

		----- MONTHLY AVERAGE -----						
36,616 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	1,496	191,460	\$ 240,955.70	\$ 1.26	5.229	\$ 161.07	\$ 6.58	
DURABLE MED. EQUIP.	72	266	60,827.55	228.68	.007	844.83	1.66	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	115	1,337	26,378.65	19.73	.037	229.38	.72	
AMBULANCES/AIR TRANS	115	1,334	20,978.65	15.73	.036	182.42	.57	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	3	3	5,400.00	1800.00	.000	1800.00	.15	
ACUPUNCTURE	4	11	178.42	16.22	.000	44.61	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	199	200	17,376.00	86.88	.005	87.32	.47	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	441	979	8,512.61	8.70	.027	19.30	.23	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	18	92	11,383.01	123.73	.003	632.39	.31	
PROSTHETICS	17	91	11,351.06	124.74	.002	667.71	.31	
ORTHOTICS	1	1	31.95	31.95	.000	31.95	.00	
PSYCHOLOGIST	3	18	1,367.62	75.98	.000	455.87	.04	
SPEECH AND AUDIOLOGY	26	56	3,188.05	56.93	.002	122.62	.09	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	480	12,060	62,656.43	5.20	.329	130.53	1.71	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	172	176,441	49,087.36	.28	4.819	285.39	1.34	
@CALIF. CHILDREN SERVICES*	605	8,011	\$ 1,081,031.35	\$ 134.94	.219	\$ 1786.83	\$ 29.52	
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00	

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 10,209
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 45 MIC - SOC	

		----- MONTHLY AVERAGE -----						
491 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	708	4,687	\$ 482,821.53	\$ 103.01	9.546	\$ 681.95	\$ 983.34	
@PHYSICIANS SERVICES	381	1,301	\$ 65,918.50	\$ 50.67	2.650	\$ 173.01	\$ 134.25	

OUTPATIENT VISITS	228	262		13,145.38	50.17	.534	57.66	26.77
OFFICE VISITS	51	56		2,023.74	36.14	.114	39.68	4.12
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	167	176		10,220.10	58.07	.358	61.20	20.81
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	14		451.24	32.23	.029	225.62	.92
OTHER OUTPATIENT	14	16		450.30	28.14	.033	32.16	.92
INPATIENT VISITS	48	200		11,616.29	58.08	.407	242.01	23.66
HOSPITAL VISITS	40	170		8,466.54	49.80	.346	211.66	17.24
CRITICAL CARE	7	17		2,766.15	162.71	.035	395.16	5.63
SNF/ICF/TRANS IP CARE	6	13		383.60	29.51	.026	63.93	.78
OPHTHALMOLOGICAL SERVICES	1	1		57.79	57.79	.002	57.79	.12
EXAMINATIONS	1	1		57.79	57.79	.002	57.79	.12
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	36	289		16,961.01	58.69	.589	471.14	34.54
PRINCIPAL SURGEON	21	48		10,483.46	218.41	.098	499.21	21.35
ASSISTANT SURGEON	3	3		320.55	106.85	.006	106.85	.65
ANESTHESIOLOGIST	21	238		6,157.00	25.87	.485	293.19	12.54
OUTPATIENT SURGERY	47	120		9,233.45	76.95	.244	196.46	18.81
PRINCIPAL SURGEON	37	46		7,142.73	155.28	.094	193.05	14.55
ASSISTANT SURGEON	1	1		107.22	107.22	.002	107.22	.22
ANESTHESIOLOGIST	13	73		1,983.50	27.17	.149	152.58	4.04
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	27	40		665.18	16.63	.081	24.64	1.35
RADIOLOGY	145	309		11,385.77	36.85	.629	78.52	23.19
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	5		121.92	24.38	.010	40.64	.25
OTHER SERVICES/ALL X-OVERS	36	75		2,731.71	36.42	.153	75.88	5.56
@PHARMACY	91	291	\$	17,251.73	\$ 59.28	.593	\$ 189.58	\$ 35.14
PRESCRIPTION DRUGS	86	257		15,837.03	61.62	.523	184.15	32.25
SNF/ICF	12	65		3,132.42	48.19	.132	261.04	6.38
OUTPATIENTS	75	192		12,704.61	66.17	.391	169.39	25.87
MEDICAL SUPPLIES	8	34		1,414.70	41.61	.069	176.84	2.88
@DENTIST	83	393	\$	16,280.05	\$ 41.43	.800	\$ 196.15	\$ 33.16
VISITS - DIAGNOSTIC	49	181		1,306.00	7.22	.369	26.65	2.66
ORAL SURGERY	16	30		1,608.00	53.60	.061	100.50	3.27
DRUGS	1	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	2	3		459.00	153.00	.006	229.50	.93
ENDODONTICS	14	19		4,383.05	230.69	.039	313.08	8.93
RESTORATIVE DENTISTRY	42	156		8,489.00	54.42	.318	202.12	17.29
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1		.00	.00	.002	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1		35.00	35.00	.002	35.00	.07
ALL OTHER SERVICES	2	2		.00	.00	.004	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 10,210
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 45 MIC - SOC							
				AID CODE				
				----- MONTHLY AVERAGE -----				
491 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@OPTOMETRIST	7	16 \$	387.34	\$ 24.21	.033	\$ 55.33	\$.79	
DIAGNOSTIC AND ANC. PROCED	5	5	237.25	47.45	.010	47.45	.48	

EYE APPLIANCES	4	11		150.09	13.64	.022	37.52	.31
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	.00	.000	.00	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	.00	.000	.00	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	2	4	\$	299.44	74.86	.008	149.72	.61
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	288	1,825	\$	293,334.89	160.73	3.717	1018.52	597.42
HOSP INPATIENT TOTAL	51	249		259,337.74	1041.52	.507	5085.05	528.18
HSC HOSPITALS	50	247		257,327.25	1041.81	.503	5146.55	524.09
NON-HSC HOSPITAL TOTAL	1	2		2,010.49	1005.25	.004	2010.49	4.09
ACCOMMODATIONS	1	2		733.95	366.98	.004	733.95	1.49
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2		733.95	366.98	.004	733.95	1.49
ANCILLARIES	1	0		1,276.54	.00	.000	1276.54	2.60
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	245	1,576		33,997.15	21.57	3.210	138.76	69.24
MEDICAL	35	46		1,649.98	35.87	.094	47.14	3.36
SURGERY	35	37		1,530.47	41.36	.075	43.73	3.12
PATHOLOGY	109	643		4,763.27	7.41	1.310	43.70	9.70
RADIOLOGY	102	160		11,315.05	70.72	.326	110.93	23.04
ROOM USE	200	273		9,645.64	35.33	.556	48.23	19.64
CROSSOVERS/ALL OTH OUTPTNT	121	417		5,092.74	12.21	.849	42.09	10.37
@COUNTY HOSPITAL TOTAL	2	12	\$	174.47	14.54	.024	87.24	.36
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	12		174.47	14.54	.024	87.24	.36
MEDICAL	2	2		61.36	30.68	.004	30.68	.12
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	2	5		76.17	15.23	.010	38.09	.16
CROSSOVERS/ALL OTH OUTPTNT	2	5		36.94	7.39	.010	18.47	.08

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 45 MIC - SOC AID CODE

491 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
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----- MONTHLY AVERAGE -----

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	286	1,813	\$	293,160.42	\$ 161.70	3.692	\$ 1025.04	\$ 597.07
COMM HOSP INPATIENT TOTAL	51	249		259,337.74	1041.52	.507	5085.05	528.18
HSC HOSPITALS	50	247		257,327.25	1041.81	.503	5146.55	524.09
NON-HSC HOSPITALS TOTAL	1	2		2,010.49	1005.25	.004	2010.49	4.09
ACCOMMODATIONS	1	2		733.95	366.98	.004	733.95	1.49
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2		733.95	366.98	.004	733.95	1.49
ANCILLARIES	1	0		1,276.54	.00	.000	1276.54	2.60
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	243	1,564		33,822.68	21.63	3.185	139.19	68.89
MEDICAL	33	44		1,588.62	36.11	.090	48.14	3.24
SURGERY	35	37		1,530.47	41.36	.075	43.73	3.12
PATHOLOGY	109	643		4,763.27	7.41	1.310	43.70	9.70
RADIOLOGY	102	160		11,315.05	70.72	.326	110.93	23.04
ROOM USE	198	268		9,569.47	35.71	.546	48.33	19.49
CROSSOVERS/ALL OTH OUTPTNT	119	412		5,055.80	12.27	.839	42.49	10.30
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	8	350	\$	78,608.04	\$ 224.59	.713	\$ 9826.01	\$ 160.10
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	8	350		78,608.04	224.59	.713	9826.01	160.10
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	10.93	\$	.00	.000	\$.00	\$.02
HOSPITAL BASED	0	0		10.93		.00	.000	.00	.02
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	19	67	\$	918.34	\$	13.71	.136	\$ 48.33	\$ 1.87
PATHOLOGY	19	67		918.34		13.71	.136	48.33	1.87
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	4	10	\$	538.89	\$	53.89	.020	\$ 134.72	\$ 1.10
CLINIC	2	7		318.42		45.49	.014	159.21	.65
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	2	3		220.47		73.49	.006	110.24	.45

#CALIF DEPT OF HEALTH SERV MOP024 SACRAMENTO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 45 MIC - SOC

AID CODE

PAGE 10,212 01/17/03

491 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	42	430	\$ 9,273.38	\$ 21.57	.876	\$ 220.79	\$ 18.89
DURABLE MED. EQUIP.	4	7	271.73	38.82	.014	67.93	.55
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	23	383	8,593.76	22.44	.780	373.64	17.50
AMBULANCES/AIR TRANS	19	273	4,608.11	16.88	.556	242.53	9.39
OTHER TRANS	4	108	385.65	3.57	.220	96.41	.79
OTHER SERVICES	2	2	3,600.00	1800.00	.004	1800.00	7.33
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	11	109.41	9.95	.022	21.88	.22
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	10	29	298.48	10.29	.059	29.85	.61
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	42	704	\$ 168,808.52	\$ 239.78	1.434	\$ 4019.25	\$ 343.81
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

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SACRAMENTO COUNTY

SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN

37,107 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	13,164	266,568	\$ 4,078,131.81	\$ 15.30	7.184	\$ 309.79	\$ 109.90
@PHYSICIANS SERVICES	4,993	13,198	\$ 575,932.29	\$ 43.64	.356	\$ 115.35	\$ 15.52
OUTPATIENT VISITS	3,897	5,428	202,421.81	37.29	.146	51.94	5.46
OFFICE VISITS	2,503	3,143	104,085.62	33.12	.085	41.58	2.81
HOME VISITS	14	14	514.61	36.76	.000	36.76	.01
EMERGENCY ROOM	932	1,014	50,809.48	50.11	.027	54.52	1.37
PREVENTIVE CARE	14	14	633.30	45.24	.000	45.24	.02
OB VISITS/COMPRE PERI	272	854	35,938.89	42.08	.023	132.13	.97
OTHER OUTPATIENT	329	389	10,439.91	26.84	.010	31.73	.28
INPATIENT VISITS	209	900	74,258.25	82.51	.024	355.30	2.00
HOSPITAL VISITS	183	613	30,793.84	50.23	.017	168.27	.83
CRITICAL CARE	40	274	43,080.81	157.23	.007	1077.02	1.16
SNF/ICF/TRANS IP CARE	6	13	383.60	29.51	.000	63.93	.01
OPHTHALMOLOGICAL SERVICES	65	81	3,468.94	42.83	.002	53.37	.09
EXAMINATIONS	58	74	3,369.29	45.53	.002	58.09	.09
SERVICES AND MATERIALS	7	7	99.65	14.24	.000	14.24	.00
INPATIENT HOSPITAL SURGERY	210	1,470	119,199.92	81.09	.040	567.62	3.21
PRINCIPAL SURGEON	130	218	85,745.13	393.33	.006	659.58	2.31
ASSISTANT SURGEON	16	16	2,395.51	149.72	.000	149.72	.06
ANESTHESIOLOGIST	110	1,236	31,059.28	25.13	.033	282.36	.84
OUTPATIENT SURGERY	391	905	62,449.57	69.01	.024	159.72	1.68
PRINCIPAL SURGEON	325	398	48,371.08	121.54	.011	148.83	1.30
ASSISTANT SURGEON	2	2	255.40	127.70	.000	127.70	.01
ANESTHESIOLOGIST	111	505	13,823.09	27.37	.014	124.53	.37
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	430	790	11,044.80	13.98	.021	25.69	.30
RADIOLOGY	948	1,817	64,829.59	35.68	.049	68.39	1.75
PSYCHIATRY	11	17	589.96	34.70	.000	53.63	.02
IMMUNIZATION AND INJECTION	96	354	4,409.00	12.45	.010	45.93	.12
OTHER SERVICES/ALL X-OVERS	497	1,436	33,260.45	23.16	.039	66.92	.90
@PHARMACY	5,732	30,245	\$ 802,476.85	\$ 26.53	.815	\$ 140.00	\$ 21.63
PRESCRIPTION DRUGS	5,668	12,083	755,992.25	62.57	.326	133.38	20.37
SNF/ICF	28	112	6,512.67	58.15	.003	232.60	.18
OUTPATIENTS	5,643	11,971	749,479.58	62.61	.323	132.82	20.20
MEDICAL SUPPLIES	244	18,162	46,484.60	2.56	.489	190.51	1.25
@DENTIST	1,483	8,110	\$ 220,140.19	\$ 27.14	.219	\$ 148.44	\$ 5.93
VISITS - DIAGNOSTIC	1,122	5,509	77,789.93	14.12	.148	69.33	2.10
ORAL SURGERY	189	349	20,275.00	58.09	.009	107.28	.55
DRUGS	46	50	1,015.00	20.30	.001	22.07	.03
ANESTHESIA	4	5	200.00	40.00	.000	50.00	.01
PERIODONTICS	13	16	2,011.00	125.69	.000	154.69	.05
ENDODONTICS	85	147	22,388.05	152.30	.004	263.39	.60
RESTORATIVE DENTISTRY	534	1,819	85,596.50	47.06	.049	160.29	2.31
PROSTHETICS	3	4	60.00	15.00	.000	20.00	.00
DENTURES, STAYPLATES	3	18	645.00	35.83	.000	215.00	.02
SPACE MAINTAINERS	25	32	2,771.00	86.59	.001	110.84	.07
MAXILLOFACIAL SERVICES	2	3	100.00	33.33	.000	50.00	.00
FRACTURES, DISLOCATIONS	1	1	800.00	800.00	.000	800.00	.02
ORTHODONTIC SERVICES	64	123	6,413.71	52.14	.003	100.21	.17
ALL OTHER SERVICES	14	34	75.00	2.21	.001	5.36	.00

SACRAMENTO COUNTY

SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN

37,107 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	253	709	\$ 16,654.04	\$ 23.49	.019	\$ 65.83	\$.45
DIAGNOSTIC AND ANC. PROCED	194	195	9,125.16	46.80	.005	47.04	.25
EYE APPLIANCES	180	510	7,401.17	14.51	.014	41.12	.20
OTHER OPTOMETRIC SERVICES	4	4	127.71	31.93	.000	31.93	.00
@CHIROPRACTOR	56	99	\$ 1,655.28	\$ 16.72	.003	\$ 29.56	\$.04
VISITS	56	99	1,655.28	16.72	.003	29.56	.04
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	12	23	\$ 772.77	\$ 33.60	.001	\$ 64.40	\$.02
MEDICINE/INJECTIONS	10	10	405.69	40.57	.000	40.57	.01
SURGERY/ANES.	6	9	199.08	22.12	.000	33.18	.01
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	2	4	168.00	42.00	.000	84.00	.00
@HOME HEALTH AGENCY	84	5,915	\$ 185,306.42	\$ 31.33	.159	\$ 2206.03	\$ 4.99
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	7	147	\$ 1,907.44	\$ 12.98	.004	\$ 272.49	\$.05
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	6	14	\$ 371.59	\$ 26.54	.000	\$ 61.93	\$.01
@TOTAL HOSPITAL	2,210	9,646	\$ 1,638,398.62	\$ 169.85	.260	\$ 741.36	\$ 44.15
HOSP INPATIENT TOTAL	229	1,192	1,411,576.11	1184.21	.032	6164.09	38.04
HSC HOSPITALS	221	1,174	1,378,594.74	1174.27	.032	6237.99	37.15
NON-HSC HOSPITAL TOTAL	8	18	32,981.37	1832.30	.000	4122.67	.89
ACCOMMODATIONS	8	18	11,226.79	623.71	.000	1403.35	.30
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	18	11,226.79	623.71	.000	1403.35	.30
ANCILLARIES	8	0	21,754.58	.00	.000	2719.32	.59
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,037	8,454	226,822.51	26.83	.228	111.35	6.11
MEDICAL	300	390	16,356.00	41.94	.011	54.52	.44
SURGERY	219	248	10,349.25	41.73	.007	47.26	.28
PATHOLOGY	668	3,167	31,741.41	10.02	.085	47.52	.86
RADIOLOGY	512	741	49,908.20	67.35	.020	97.48	1.34
ROOM USE	1,560	1,964	77,307.52	39.36	.053	49.56	2.08
CROSSOVERS/ALL OTH OUTPTNT	742	1,944	41,160.13	21.17	.052	55.47	1.11
@COUNTY HOSPITAL TOTAL	38	214	\$ 12,575.31	\$ 58.76	.006	\$ 330.93	\$.34
CO HOSPITAL INPATIENT TOTAL	1	6	6,288.00	1048.00	.000	6288.00	.17
HSC HOSPITALS	1	6	6,288.00	1048.00	.000	6288.00	.17
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	37	208	6,287.31	30.23	.006	169.93	.17
MEDICAL	13	18	904.09	50.23	.000	69.55	.02
SURGERY	8	11	674.61	61.33	.000	84.33	.02
PATHOLOGY	22	85	1,306.91	15.38	.002	59.41	.04
RADIOLOGY	7	11	701.72	63.79	.000	100.25	.02
ROOM USE	28	47	2,188.19	46.56	.001	78.15	.06

37,107 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,181	9,432	\$ 1,625,823.31	\$ 172.37	.254	\$ 745.45	\$ 43.81
COMM HOSP INPATIENT TOTAL	228	1,186	1,405,288.11	1184.90	.032	6163.54	37.87
HSC HOSPITALS	220	1,168	1,372,306.74	1174.92	.031	6237.76	36.98
NON-HSC HOSPITALS TOTAL	8	18	32,981.37	1832.30	.000	4122.67	.89
ACCOMMODATIONS	8	18	11,226.79	623.71	.000	1403.35	.30
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	18	11,226.79	623.71	.000	1403.35	.30
ANCILLARIES	8	0	21,754.58	.00	.000	2719.32	.59
INPATIENT CROSSTOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,009	8,246	220,535.20	26.74	.222	109.77	5.94
MEDICAL	287	372	15,451.91	41.54	.010	53.84	.42
SURGERY	211	237	9,674.64	40.82	.006	45.85	.26
PATHOLOGY	646	3,082	30,434.50	9.87	.083	47.11	.82
RADIOLOGY	507	730	49,206.48	67.41	.020	97.05	1.33
ROOM USE	1,539	1,917	75,119.33	39.19	.052	48.81	2.02
CROSSTOVERS/ALL OTH OUTPTNT	727	1,908	40,648.34	21.30	.051	55.91	1.10
@STATE HOSPITAL	10	341	\$ 151,275.68	\$ 443.62	.009	\$ 15127.57	\$ 4.08
MENTALLY ILL	10	341	151,275.68	443.62	.009	15127.57	4.08
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	8	350	\$ 78,608.04	\$ 224.59	.009	\$ 9826.01	\$ 2.12
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	8	350	78,608.04	224.59	.009	9826.01	2.12
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	70	707	\$ 13,948.05	\$ 19.73	.019	\$ 199.26	\$.38
HOSPITAL BASED	37	135	4,554.42	33.74	.004	123.09	.12
INDEPENDENT FACILITY	33	572	9,393.63	16.42	.015	284.66	.25
@LABORATORY FACILITY	866	2,678	\$ 38,625.16	\$ 14.42	.072	\$ 44.60	\$ 1.04
PATHOLOGY	866	2,678	38,625.16	14.42	.072	44.60	1.04
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	762	2,496	\$ 101,830.31	\$ 40.80	.067	\$ 133.64	\$ 2.74
CLINIC	405	1,775	46,853.26	26.40	.048	115.69	1.26
SURGICENTER	35	269	9,211.76	34.24	.007	263.19	.25
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	324	452	45,765.29	101.25	.012	141.25	1.23
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 10,216
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN						

37,107 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,538	191,890	\$ 250,229.08	\$ 1.30	5.171	\$ 162.70	\$ 6.74
DURABLE MED. EQUIP.	76	273	61,099.28	223.81	.007	803.94	1.65
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	138	1,720	34,972.41	20.33	.046	253.42	.94
AMBULANCES/AIR TRANS	134	1,607	25,586.76	15.92	.043	190.95	.69
OTHER TRANS	4	108	385.65	3.57	.003	96.41	.01
OTHER SERVICES	5	5	9,000.00	1800.00	.000	1800.00	.24
ACUPUNCTURE	4	11	178.42	16.22	.000	44.61	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	199	200	17,376.00	86.88	.005	87.32	.47
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	446	990	8,622.02	8.71	.027	19.33	.23
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	18	92	11,383.01	123.73	.002	632.39	.31
PROSTHETICS	17	91	11,351.06	124.74	.002	667.71	.31
ORTHOTICS	1	1	31.95	31.95	.000	31.95	.00
PSYCHOLOGIST	3	18	1,367.62	75.98	.000	455.87	.04
SPEECH AND AUDIOLOGY	26	56	3,188.05	56.93	.002	122.62	.09
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	490	12,089	62,954.91	5.21	.326	128.48	1.70
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	172	176,441	49,087.36	.28	4.755	285.39	1.32
@CALIF. CHILDREN SERVICES*	647	8,715	\$ 1,249,839.87	\$ 143.41	.235	\$ 1931.75	\$ 33.68

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,217
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

19 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	24	332	\$ 10,168.76	\$ 30.63	17.474	\$ 423.70	\$ 535.20
@PHYSICIANS SERVICES	10	114	\$ 2,787.22	\$ 24.45	6.000	\$ 278.72	\$ 146.70
OUTPATIENT VISITS	8	20	624.50	31.23	1.053	78.06	32.87
OFFICE VISITS	7	19	610.02	32.11	1.000	87.15	32.11
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	14.48	14.48	.053	14.48	.76
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	4	11	459.51	41.77	.579	114.88	24.18
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	6	83	1,703.21	20.52	4.368	283.87	89.64
@PHARMACY	11	58	\$ 4,251.48	\$ 73.30	3.053	\$ 386.50	\$ 223.76
PRESCRIPTION DRUGS	11	58	4,251.48	73.30	3.053	386.50	223.76
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	11	58	4,251.48	73.30	3.053	386.50	223.76
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	5	28	\$ 1,065.00	\$ 38.04	1.474	\$ 213.00	\$ 56.05
VISITS - DIAGNOSTIC	3	11	212.00	19.27	.579	70.67	11.16
ORAL SURGERY	1	1	45.00	45.00	.053	45.00	2.37
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	3	12	589.00	49.08	.632	196.33	31.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	4	219.00	54.75	.211	219.00	11.53
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,218
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

19 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	15 \$	309.41	\$ 20.63	.789	\$ 77.35	\$ 16.28
DIAGNOSTIC AND ANC. PROCED	3	3	117.49	39.16	.158	39.16	6.18
EYE APPLIANCES	3	12	191.92	15.99	.632	63.97	10.10
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1 \$	21.40	\$ 21.40	.053	\$ 21.40	\$ 1.13
MEDICINE/INJECTIONS	1	1	21.40	21.40	.053	21.40	1.13
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	3	9 \$	190.26	\$ 21.14	.474	\$ 63.42	\$ 10.01
@TOTAL HOSPITAL	9	39 \$	708.96	\$ 18.18	2.053	\$ 78.77	\$ 37.31
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	9	39	708.96	18.18	2.053	78.77	37.31
MEDICAL	6	9	270.76	30.08	.474	45.13	14.25
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	9	39.24	4.36	.474	19.62	2.07
RADIOLOGY	2	3	91.09	30.36	.158	45.55	4.79
ROOM USE	9	10	246.68	24.67	.526	27.41	12.98
CROSSOVERS/ALL OTH OUTPTNT	7	8	61.19	7.65	.421	8.74	3.22
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,219
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

19 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	39	\$ 708.96	\$ 18.18	2.053	\$ 78.77	\$ 37.31
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	9	39	708.96	18.18	2.053	78.77	37.31
MEDICAL	6	9	270.76	30.08	.474	45.13	14.25
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	9	39.24	4.36	.474	19.62	2.07
RADIOLOGY	2	3	91.09	30.36	.158	45.55	4.79
ROOM USE	9	10	246.68	24.67	.526	27.41	12.98
CROSSEOVERS/ALL OTH OUTPTNT	7	8	61.19	7.65	.421	8.74	3.22
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	8	57	\$ 623.97	\$ 10.95	3.000	\$ 78.00	\$ 32.84
PATHOLOGY	8	57	623.97	10.95	3.000	78.00	32.84
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$ 14.86	\$ 14.86	.053	\$ 14.86	\$.78
CLINIC	1	1	14.86	14.86	.053	14.86	.78

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,220
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

19 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	5	10	\$ 196.20	\$ 19.62	.526	\$ 39.24	\$ 10.33
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	8	78.48	9.81	.421	19.62	4.13
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	117.72	58.86	.105	117.72	6.20
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	1	2	117.72	58.86	.105	117.72	6.20
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,221
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT AID CODE

3,310 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,698	20,346	\$ 1,672,166.15	\$ 82.19	6.147	\$ 619.78	\$ 505.19
@PHYSICIANS SERVICES	1,602	6,895	\$ 418,060.84	\$ 60.63	2.083	\$ 260.96	\$ 126.30
OUTPATIENT VISITS	944	2,927	94,886.01	32.42	.884	100.51	28.67
OFFICE VISITS	325	422	18,638.67	44.17	.127	57.35	5.63
HOME VISITS	1	1	44.95	44.95	.000	44.95	.01
EMERGENCY ROOM	183	214	12,243.56	57.21	.065	66.90	3.70
PREVENTIVE CARE	1	1	45.33	45.33	.000	45.33	.01
OB VISITS/COMPRE PERI	488	2,220	62,220.04	28.03	.671	127.50	18.80

OTHER OUTPATIENT	58	69	1,693.46	24.54	.021	29.20	.51
INPATIENT VISITS	214	641	51,647.15	80.57	.194	241.34	15.60
HOSPITAL VISITS	196	429	19,035.34	44.37	.130	97.12	5.75
CRITICAL CARE	30	212	32,611.81	153.83	.064	1087.06	9.85
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	94.94	47.47	.001	47.47	.03
EXAMINATIONS	2	2	94.94	47.47	.001	47.47	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	289	1,550	194,488.87	125.48	.468	672.97	58.76
PRINCIPAL SURGEON	190	234	157,407.10	672.68	.071	828.46	47.56
ASSISTANT SURGEON	28	28	5,295.37	189.12	.008	189.12	1.60
ANESTHESIOLOGIST	140	1,288	31,786.40	24.68	.389	227.05	9.60
OUTPATIENT SURGERY	138	259	23,617.46	91.19	.078	171.14	7.14
PRINCIPAL SURGEON	120	145	20,243.32	139.61	.044	168.69	6.12
ASSISTANT SURGEON	1	1	244.60	244.60	.000	244.60	.07
ANESTHESIOLOGIST	41	113	3,129.54	27.70	.034	76.33	.95
DIALYSIS	1	4	403.24	100.81	.001	403.24	.12
PATHOLOGY	241	385	6,344.20	16.48	.116	26.32	1.92
RADIOLOGY	552	743	35,104.19	47.25	.224	63.59	10.61
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	63	144	2,971.43	20.63	.044	47.17	.90
OTHER SERVICES/ALL X-OVERS	134	240	8,503.35	35.43	.073	63.46	2.57
@PHARMACY	826	2,547	\$ 46,832.20	\$ 18.39	.769	\$ 56.70	\$ 14.15
PRESCRIPTION DRUGS	810	1,722	39,095.98	22.70	.520	48.27	11.81
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	810	1,722	39,095.98	22.70	.520	48.27	11.81
MEDICAL SUPPLIES	54	825	7,736.22	9.38	.249	143.26	2.34
@DENTIST	140	661	\$ 29,854.60	\$ 45.17	.200	\$ 213.25	\$ 9.02
VISITS - DIAGNOSTIC	97	358	6,297.60	17.59	.108	64.92	1.90
ORAL SURGERY	30	67	5,762.00	86.00	.020	192.07	1.74
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	5	6	800.00	133.33	.002	160.00	.24
ENDODONTICS	7	11	2,576.00	234.18	.003	368.00	.78
RESTORATIVE DENTISTRY	55	217	14,369.00	66.22	.066	261.25	4.34
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1	50.00	50.00	.000	50.00	.02
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 10,222
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT						
	AID CODE						

3,310 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	26	85	\$	1,974.48	\$ 23.23	.026	\$ 75.94	\$.60
DIAGNOSTIC AND ANC. PROCED	23	24		1,080.90	45.04	.007	47.00	.33
EYE APPLIANCES	20	60		856.08	14.27	.018	42.80	.26
OTHER OPTOMETRIC SERVICES	1	1		37.50	37.50	.000	37.50	.01
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	2	4	\$	136.60	\$ 34.15	.001	\$ 68.30	\$.04
MEDICINE/INJECTIONS	2	2		102.00	51.00	.001	51.00	.03
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	2		34.60	17.30	.001	34.60	.01
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	6	8	\$	419.96	\$ 52.50	.002	\$ 69.99	\$.13
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	18	141	\$	5,721.49	\$ 40.58	.043	\$ 317.86	\$ 1.73
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	908	5,314	\$	1,050,769.11	\$ 197.74	1.605	\$ 1157.23	\$ 317.45
HOSP INPATIENT TOTAL	216	795		960,669.44	1208.39	.240	4447.54	290.23
HSC HOSPITALS	207	762		927,615.34	1217.34	.230	4481.23	280.25
NON-HSC HOSPITAL TOTAL	10	33		33,054.10	1001.64	.010	3305.41	9.99
ACCOMMODATIONS	10	33		12,938.09	392.06	.010	1293.81	3.91
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	33		12,938.09	392.06	.010	1293.81	3.91
ANCILLARIES	10	0		20,116.01	.00	.000	2011.60	6.08
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	777	4,519		90,099.67	19.94	1.365	115.96	27.22
MEDICAL	34	51		2,069.09	40.57	.015	60.86	.63
SURGERY	85	114		4,165.16	36.54	.034	49.00	1.26
PATHOLOGY	344	1,687		18,921.60	11.22	.510	55.00	5.72
RADIOLOGY	179	197		11,587.30	58.82	.060	64.73	3.50
ROOM USE	418	666		26,435.81	39.69	.201	63.24	7.99
CROSSOVERS/ALL OTH OUTPTNT	360	1,804		26,920.71	14.92	.545	74.78	8.13
@COUNTY HOSPITAL TOTAL	12	51	\$	1,839.47	\$ 36.07	.015	\$ 153.29	\$.56
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	12	51	1,839.47	36.07	.015	153.29	.56
MEDICAL	0	0	7.11	.00	.000	.00	.00
SURGERY	4	7	257.39	36.77	.002	64.35	.08
PATHOLOGY	5	20	506.77	25.34	.006	101.35	.15
RADIOLOGY	1	1	241.75	241.75	.000	241.75	.07
ROOM USE	7	12	719.43	59.95	.004	102.78	.22
CROSSOVERS/ALL OTH OUTPTNT	5	11	107.02	9.73	.003	21.40	.03

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,223
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT AID CODE

3,310 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	897	5,263	\$ 1,048,929.64	\$ 199.30	1.590	\$ 1169.38	\$ 316.90
COMM HOSP INPATIENT TOTAL	216	795	960,669.44	1208.39	.240	4447.54	290.23
HSC HOSPITALS	207	762	927,615.34	1217.34	.230	4481.23	280.25
NON-HSC HOSPITALS TOTAL	10	33	33,054.10	1001.64	.010	3305.41	9.99
ACCOMMODATIONS	10	33	12,938.09	392.06	.010	1293.81	3.91
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	33	12,938.09	392.06	.010	1293.81	3.91
ANCILLARIES	10	0	20,116.01	.00	.000	2011.60	6.08
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	766	4,468	88,260.20	19.75	1.350	115.22	26.66
MEDICAL	34	51	2,061.98	40.43	.015	60.65	.62
SURGERY	81	107	3,907.77	36.52	.032	48.24	1.18
PATHOLOGY	340	1,667	18,414.83	11.05	.504	54.16	5.56
RADIOLOGY	178	196	11,345.55	57.89	.059	63.74	3.43
ROOM USE	411	654	25,716.38	39.32	.198	62.57	7.77
CROSSOVERS/ALL OTH OUTPTNT	355	1,793	26,813.69	14.95	.542	75.53	8.10
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	699	2,055	\$	30,621.48	\$	14.90	.621	\$ 43.81	\$ 9.25
PATHOLOGY	699	2,055		30,621.48		14.90	.621	43.81	9.25
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	402	1,998	\$	58,792.50	\$	29.43	.604	\$ 146.25	\$ 17.76
CLINIC	359	1,824		51,167.51		28.05	.551	142.53	15.46
SURGICENTER	16	122		3,192.30		26.17	.037	199.52	.96
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	27	52		4,432.69		85.24	.016	164.17	1.34

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,224
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT AID CODE

3,310 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	291	638	\$ 28,982.89	\$ 45.43	.193	\$ 99.60	\$ 8.76
DURABLE MED. EQUIP.	2	2	132.95	66.48	.001	66.48	.04
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	33	315	7,078.53	22.47	.095	214.50	2.14
AMBULANCES/AIR TRANS	33	314	5,278.53	16.81	.095	159.96	1.59
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.000	1800.00	.54
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	220	222	17,806.00	80.21	.067	80.94	5.38
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	29	64	550.25	8.60	.019	18.97	.17
PHYSICAL THERAPIST	2	17	259.24	15.25	.005	129.62	.08
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	12	16	1,141.46	71.34	.005	95.12	.34
PROSTHETICS	3	5	232.93	46.59	.002	77.64	.07
ORTHOTICS	10	11	908.53	82.59	.003	90.85	.27
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	2	2	2,014.46	1007.23	.001	1007.23	.61
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	22	381	\$ 159,514.49	\$ 418.67	.115	\$ 7250.66	\$ 48.19
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 10,225
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC	

3,329 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,722	20,678	\$ 1,682,334.91	\$ 81.36	6.211	\$ 618.05	\$ 505.36
@PHYSICIANS SERVICES	1,612	7,009	\$ 420,848.06	\$ 60.04	2.105	\$ 261.07	\$ 126.42

OUTPATIENT VISITS	952	2,947		95,510.51		32.41	.885	100.33	28.69
OFFICE VISITS	332	441		19,248.69		43.65	.132	57.98	5.78
HOME VISITS	1	1		44.95		44.95	.000	44.95	.01
EMERGENCY ROOM	183	214		12,243.56		57.21	.064	66.90	3.68
PREVENTIVE CARE	1	1		45.33		45.33	.000	45.33	.01
OB VISITS/COMPRE PERI	488	2,220		62,220.04		28.03	.667	127.50	18.69
OTHER OUTPATIENT	59	70		1,707.94		24.40	.021	28.95	.51
INPATIENT VISITS	214	641		51,647.15		80.57	.193	241.34	15.51
HOSPITAL VISITS	196	429		19,035.34		44.37	.129	97.12	5.72
CRITICAL CARE	30	212		32,611.81		153.83	.064	1087.06	9.80
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2		94.94		47.47	.001	47.47	.03
EXAMINATIONS	2	2		94.94		47.47	.001	47.47	.03
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	289	1,550		194,488.87		125.48	.466	672.97	58.42
PRINCIPAL SURGEON	190	234		157,407.10		672.68	.070	828.46	47.28
ASSISTANT SURGEON	28	28		5,295.37		189.12	.008	189.12	1.59
ANESTHESIOLOGIST	140	1,288		31,786.40		24.68	.387	227.05	9.55
OUTPATIENT SURGERY	138	259		23,617.46		91.19	.078	171.14	7.09
PRINCIPAL SURGEON	120	145		20,243.32		139.61	.044	168.69	6.08
ASSISTANT SURGEON	1	1		244.60		244.60	.000	244.60	.07
ANESTHESIOLOGIST	41	113		3,129.54		27.70	.034	76.33	.94
DIALYSIS	1	4		403.24		100.81	.001	403.24	.12
PATHOLOGY	241	385		6,344.20		16.48	.116	26.32	1.91
RADIOLOGY	556	754		35,563.70		47.17	.226	63.96	10.68
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	63	144		2,971.43		20.63	.043	47.17	.89
OTHER SERVICES/ALL X-OVERS	140	323		10,206.56		31.60	.097	72.90	3.07
@PHARMACY	837	2,605	\$	51,083.68	\$	19.61	.783	61.03	15.35
PRESCRIPTION DRUGS	821	1,780		43,347.46		24.35	.535	52.80	13.02
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	821	1,780		43,347.46		24.35	.535	52.80	13.02
MEDICAL SUPPLIES	54	825		7,736.22		9.38	.248	143.26	2.32
@DENTIST	145	689	\$	30,919.60	\$	44.88	.207	213.24	9.29
VISITS - DIAGNOSTIC	100	369		6,509.60		17.64	.111	65.10	1.96
ORAL SURGERY	31	68		5,807.00		85.40	.020	187.32	1.74
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	5	6		800.00		133.33	.002	160.00	.24
ENDODONTICS	7	11		2,576.00		234.18	.003	368.00	.77
RESTORATIVE DENTISTRY	58	229		14,958.00		65.32	.069	257.90	4.49
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	2	5		269.00		53.80	.002	134.50	.08
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,226
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

	3,329 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	30	100	\$	2,283.89	\$ 22.84	.030	\$ 76.13	\$.69
DIAGNOSTIC AND ANC. PROCED	26	27		1,198.39	44.38	.008	46.09	.36

EYE APPLIANCES	23	72		1,048.00		14.56	.022	45.57	.31
OTHER OPTOMETRIC SERVICES	1	1		37.50		37.50	.000	37.50	.01
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	3	5	\$	158.00	\$	31.60	.002	\$ 52.67	\$.05
MEDICINE/INJECTIONS	3	3		123.40		41.13	.001	41.13	.04
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	1	2		34.60		17.30	.001	34.60	.01
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	6	8	\$	419.96	\$	52.50	.002	\$ 69.99	\$.13
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
NURSE MIDWIFE	18	141	\$	5,721.49	\$	40.58	.042	\$ 317.86	\$ 1.72
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	3	9	\$	190.26	\$	21.14	.003	\$ 63.42	\$.06
@TOTAL HOSPITAL	917	5,353	\$	1,051,478.07	\$	196.43	1.608	\$ 1146.65	\$ 315.85
HOSP INPATIENT TOTAL	216	795		960,669.44		1208.39	.239	4447.54	288.58
HSC HOSPITALS	207	762		927,615.34		1217.34	.229	4481.23	278.65
NON-HSC HOSPITAL TOTAL	10	33		33,054.10		1001.64	.010	3305.41	9.93
ACCOMMODATIONS	10	33		12,938.09		392.06	.010	1293.81	3.89
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	10	33		12,938.09		392.06	.010	1293.81	3.89
ANCILLARIES	10	0		20,116.01		.00	.000	2011.60	6.04
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	786	4,558		90,808.63		19.92	1.369	115.53	27.28
MEDICAL	40	60		2,339.85		39.00	.018	58.50	.70
SURGERY	85	114		4,165.16		36.54	.034	49.00	1.25
PATHOLOGY	346	1,696		18,960.84		11.18	.509	54.80	5.70
RADIOLOGY	181	200		11,678.39		58.39	.060	64.52	3.51
ROOM USE	427	676		26,682.49		39.47	.203	62.49	8.02

CROSSOVERS/ALL OTH OUTPTNT	367	1,812		26,981.90	14.89	.544	73.52	8.11
@COUNTY HOSPITAL TOTAL	12	51	\$	1,839.47	\$ 36.07	.015	\$ 153.29	\$.55
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	12	51		1,839.47	36.07	.015	153.29	.55
MEDICAL	0	0		7.11	.00	.000	.00	.00
SURGERY	4	7		257.39	36.77	.002	64.35	.08
PATHOLOGY	5	20		506.77	25.34	.006	101.35	.15
RADIOLOGY	1	1		241.75	241.75	.000	241.75	.07
ROOM USE	7	12		719.43	59.95	.004	102.78	.22
CROSSOVERS/ALL OTH OUTPTNT	5	11		107.02	9.73	.003	21.40	.03

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,227
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

						----- MONTHLY AVERAGE -----		
3,329 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	906	5,302	\$ 1,049,638.60	\$ 197.97	1.593	\$ 1158.54	\$ 315.30	
COMM HOSP INPATIENT TOTAL	216	795	960,669.44	1208.39	.239	4447.54	288.58	
HSC HOSPITALS	207	762	927,615.34	1217.34	.229	4481.23	278.65	
NON-HSC HOSPITALS TOTAL	10	33	33,054.10	1001.64	.010	3305.41	9.93	
ACCOMMODATIONS	10	33	12,938.09	392.06	.010	1293.81	3.89	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	10	33	12,938.09	392.06	.010	1293.81	3.89	
ANCILLARIES	10	0	20,116.01	.00	.000	2011.60	6.04	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	775	4,507	88,969.16	19.74	1.354	114.80	26.73	
MEDICAL	40	60	2,332.74	38.88	.018	58.32	.70	
SURGERY	81	107	3,907.77	36.52	.032	48.24	1.17	
PATHOLOGY	342	1,676	18,454.07	11.01	.503	53.96	5.54	
RADIOLOGY	180	199	11,436.64	57.47	.060	63.54	3.44	
ROOM USE	420	664	25,963.06	39.10	.199	61.82	7.80	
CROSSOVERS/ALL OTH OUTPTNT	362	1,801	26,874.88	14.92	.541	74.24	8.07	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	707	2,112	\$	31,245.45	\$	14.79	.634	\$ 44.19	\$ 9.39
PATHOLOGY	707	2,112		31,245.45		14.79	.634	44.19	9.39
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	403	1,999	\$	58,807.36	\$	29.42	.600	\$ 145.92	\$ 17.67
CLINIC	360	1,825		51,182.37		28.05	.548	142.17	15.37
SURGICENTER	16	122		3,192.30		26.17	.037	199.52	.96
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	27	52		4,432.69		85.24	.016	164.17	1.33

#CALIF DEPT OF HEALTH SERV MOP024
SACRAMENTO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

PAGE 10,228
01/17/03

	3,329 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	296		648	\$ 29,179.09	\$ 45.03	.195	\$ 98.58	\$ 8.77
DURABLE MED. EQUIP.	2		2	132.95	66.48	.001	66.48	.04
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	33		315	7,078.53	22.47	.095	214.50	2.13
AMBULANCES/AIR TRANS	33		314	5,278.53	16.81	.094	159.96	1.59
OTHER TRANS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	1		1	1,800.00	1800.00	.000	1800.00	.54
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	220		222	17,806.00	80.21	.067	80.94	5.35
IHMC, MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	33		72	628.73	8.73	.022	19.05	.19
PHYSICAL THERAPIST	2		17	259.24	15.25	.005	129.62	.08
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	13		18	1,259.18	69.95	.005	96.86	.38
PROSTHETICS	3		5	232.93	46.59	.002	77.64	.07
ORTHOTICS	11		13	1,026.25	78.94	.004	93.30	.31
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0		0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0		0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	2		2	2,014.46	1007.23	.001	1007.23	.61
LOCAL EDUCATION AGENCIES	0		0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0		0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	22		381	\$ 159,514.49	\$ 418.67	.114	\$ 7250.66	\$ 47.92
@XOVER EXCLUDING STATE HOSP**	0		0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SACRAMENTO COUNTY

SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC

AID CODE

299 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	299	10,039	\$ 1,129,990.72	\$ 112.56	33.575	\$ 3779.23	\$ 3779.23
@PHYSICIANS SERVICES	96	230	\$ 6,760.65	\$ 29.39	.769	\$ 70.42	\$ 22.61
OUTPATIENT VISITS	23	36	1,304.78	36.24	.120	56.73	4.36
OFFICE VISITS	11	20	561.29	28.06	.067	51.03	1.88
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	10	10	575.49	57.55	.033	57.55	1.92
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	6	168.00	28.00	.020	42.00	.56
INPATIENT VISITS	61	104	3,265.03	31.39	.348	53.53	10.92
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	61	104	3,265.03	31.39	.348	53.53	10.92
OPHTHALMOLOGICAL SERVICES	5	8	362.36	45.30	.027	72.47	1.21
EXAMINATIONS	5	8	362.36	45.30	.027	72.47	1.21
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	2	260.67	130.34	.007	130.34	.87
PRINCIPAL SURGEON	2	2	260.67	130.34	.007	130.34	.87
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	5.89	2.95	.007	2.95	.02
RADIOLOGY	18	39	782.56	20.07	.130	43.48	2.62
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	2.73	2.73	.003	2.73	.01
OTHER SERVICES/ALL X-OVERS	22	38	776.63	20.44	.127	35.30	2.60
@PHARMACY	184	1,785	\$ 97,722.72	\$ 54.75	5.970	\$ 531.10	\$ 326.83
PRESCRIPTION DRUGS	181	1,751	96,828.07	55.30	5.856	534.96	323.84
SNF/ICF	139	1,452	81,517.36	56.14	4.856	586.46	272.63
OUTPATIENTS	58	299	15,310.71	51.21	1.000	263.98	51.21
MEDICAL SUPPLIES	11	34	894.65	26.31	.114	81.33	2.99
@DENTIST	22	78	\$ 2,901.75	\$ 37.20	.261	\$ 131.90	\$ 9.70
VISITS - DIAGNOSTIC	18	68	805.75	11.85	.227	44.76	2.69
ORAL SURGERY	4	6	296.00	49.33	.020	74.00	.99
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	4	1,800.00	450.00	.013	900.00	6.02
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

SACRAMENTO COUNTY

SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC

AID CODE

299 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	4	\$ 100.56	\$ 25.14	.013	\$ 50.28	\$.34
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.003	47.45	.16
EYE APPLIANCES	1	3	53.11	17.70	.010	53.11	.18
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	1	\$ 30.13	\$ 30.13	.003	\$ 30.13	\$.10
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	54	523	\$ 9,039.80	\$ 17.28	1.749	\$ 167.40	\$ 30.23
HOSP INPATIENT TOTAL	2	26	1,624.00	62.46	.087	812.00	5.43
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	26	1,624.00	62.46	.087	812.00	5.43
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	52	497	7,415.80	14.92	1.662	142.61	24.80
MEDICAL	7	45	579.39	12.88	.151	82.77	1.94
SURGERY	5	5	86.65	17.33	.017	17.33	.29
PATHOLOGY	41	349	3,415.70	9.79	1.167	83.31	11.42
RADIOLOGY	20	48	1,981.37	41.28	.161	99.07	6.63
ROOM USE	21	31	1,094.67	35.31	.104	52.13	3.66
CROSSOVERS/ALL OTH OUTPTNT	11	19	258.02	13.58	.064	23.46	.86
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

299 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	54	523	\$ 9,039.80	\$ 17.28	1.749	\$ 167.40	\$ 30.23
COMM HOSP INPATIENT TOTAL	2	26	1,624.00	62.46	.087	812.00	5.43
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSTOVERS	2	26	1,624.00	62.46	.087	812.00	5.43
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	52	497	7,415.80	14.92	1.662	142.61	24.80
MEDICAL	7	45	579.39	12.88	.151	82.77	1.94
SURGERY	5	5	86.65	17.33	.017	17.33	.29
PATHOLOGY	41	349	3,415.70	9.79	1.167	83.31	11.42
RADIOLOGY	20	48	1,981.37	41.28	.161	99.07	6.63
ROOM USE	21	31	1,094.67	35.31	.104	52.13	3.66
CROSSTOVERS/ALL OTH OUTPTNT	11	19	258.02	13.58	.064	23.46	.86
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	148	6,673	\$ 1,005,607.37	\$ 150.70	22.318	\$ 6794.64	\$ 3363.24
LEV A-INTERMEDIATE	3	183	9,824.60	53.69	.612	3274.87	32.86
LEV B-REHAB MD	7	395	45,284.30	114.64	1.321	6469.19	151.45
LEV B-SUBACUTE FREESTANDING	2	57	21,520.26	377.55	.191	10760.13	71.97

LEV B-SUBACUTE HSPTL BASED	11	484		252,742.15	522.19	1.619	22976.56	845.29
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	125	5,554		676,236.06	121.76	18.575	5409.89	2261.66
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	24	110	\$	1,151.84	\$ 10.47	.368	\$ 47.99	\$ 3.85
PATHOLOGY	24	110		1,151.84	10.47	.368	47.99	3.85
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	12	28	\$	786.39	\$ 28.09	.094	\$ 65.53	\$ 2.63
CLINIC	8	23		467.88	20.34	.077	58.49	1.56
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	4	5		318.51	63.70	.017	79.63	1.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 10,232
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC							

299 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE			
				----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	49	607	\$ 5,889.51	\$ 9.70	2.030	\$ 120.19	\$ 19.70
DURABLE MED. EQUIP.	6	14	424.45	30.32	.047	70.74	1.42
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	33	520	4,050.70	7.79	1.739	122.75	13.55
AMBULANCES/AIR TRANS	19	287	3,243.07	11.30	.960	170.69	10.85
OTHER TRANS	18	229	743.78	3.25	.766	41.32	2.49
OTHER SERVICES	1	4	63.85	15.96	.013	63.85	.21
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	5	31	569.55	18.37	.104	113.91	1.90
OPTICIAN	1	2	26.08	13.04	.007	26.08	.09
PHYSICAL THERAPIST	8	35	695.26	19.86	.117	86.91	2.33
PORTABLE X-RAY	2	4	120.52	30.13	.013	60.26	.40
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	2.95	2.95	.003	2.95	.01
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 10 26 \$ 1,852.52 \$ 71.25 .087 \$ 185.25 \$ 6.20

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,233
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT

AID CODE

66 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	96	457	\$ 26,799.61	\$ 58.64	6.924	\$ 279.16	\$ 406.05
@PHYSICIANS SERVICES	49	163	\$ 8,927.91	\$ 54.77	2.470	\$ 182.20	\$ 135.27
OUTPATIENT VISITS	29	34	1,786.52	52.54	.515	61.60	27.07
OFFICE VISITS	10	14	428.93	30.64	.212	42.89	6.50
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	17	17	1,182.47	69.56	.258	69.56	17.92
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	2	120.00	60.00	.030	120.00	1.82
OTHER OUTPATIENT	1	1	55.12	55.12	.015	55.12	.84
INPATIENT VISITS	5	12	723.78	60.32	.182	144.76	10.97
HOSPITAL VISITS	5	10	480.58	48.06	.152	96.12	7.28
CRITICAL CARE	1	2	243.20	121.60	.030	243.20	3.68
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	9	71	4,127.74	58.14	1.076	458.64	62.54
PRINCIPAL SURGEON	4	4	2,560.62	640.16	.061	640.16	38.80
ASSISTANT SURGEON	1	1	168.65	168.65	.015	168.65	2.56
ANESTHESIOLOGIST	5	66	1,398.47	21.19	1.000	279.69	21.19
OUTPATIENT SURGERY	6	12	938.31	78.19	.182	156.39	14.22
PRINCIPAL SURGEON	5	5	764.31	152.86	.076	152.86	11.58
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	7	174.00	24.86	.106	174.00	2.64
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	10	574.26	57.43	.152	191.42	8.70
RADIOLOGY	10	10	415.94	41.59	.152	41.59	6.30
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	23.97	23.97	.015	23.97	.36
OTHER SERVICES/ALL X-OVERS	9	13	337.39	25.95	.197	37.49	5.11
@PHARMACY	15	26	\$ 224.26	\$ 8.63	.394	\$ 14.95	\$ 3.40
PRESCRIPTION DRUGS	15	26	224.26	8.63	.394	14.95	3.40
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	15	26	224.26	8.63	.394	14.95	3.40
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	11	46	\$ 1,651.00	\$ 35.89	.697	\$ 150.09	\$ 25.02
VISITS - DIAGNOSTIC	7	21	205.00	9.76	.318	29.29	3.11
ORAL SURGERY	2	5	215.00	43.00	.076	107.50	3.26
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	.00	.00	.015	.00	.00
ENDODONTICS	1	2	437.00	218.50	.030	437.00	6.62
RESTORATIVE DENTISTRY	6	16	794.00	49.63	.242	132.33	12.03
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.015	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,234
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE

66 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	40	186	\$ 14,931.31	\$ 80.28	2.818	\$ 373.28	\$ 226.23
HOSP INPATIENT TOTAL	5	16	11,042.05	690.13	.242	2208.41	167.30
HSC HOSPITALS	5	16	11,042.05	690.13	.242	2208.41	167.30
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	36	170	3,889.26	22.88	2.576	108.04	58.93
MEDICAL	6	7	123.37	17.62	.106	20.56	1.87
SURGERY	8	9	469.82	52.20	.136	58.73	7.12
PATHOLOGY	11	51	583.55	11.44	.773	53.05	8.84
RADIOLOGY	9	10	376.07	37.61	.152	41.79	5.70
ROOM USE	30	41	1,627.49	39.69	.621	54.25	24.66
CROSSOVERS/ALL OTH OUTPTNT	23	52	708.96	13.63	.788	30.82	10.74
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,235
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE

66 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	40	186	\$ 14,931.31	\$ 80.28	2.818	\$ 373.28	\$ 226.23
COMM HOSP INPATIENT TOTAL	5	16	11,042.05	690.13	.242	2208.41	167.30
HSC HOSPITALS	5	16	11,042.05	690.13	.242	2208.41	167.30
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	36	170	3,889.26	22.88	2.576	108.04	58.93
MEDICAL	6	7	123.37	17.62	.106	20.56	1.87
SURGERY	8	9	469.82	52.20	.136	58.73	7.12
PATHOLOGY	11	51	583.55	11.44	.773	53.05	8.84
RADIOLOGY	9	10	376.07	37.61	.152	41.79	5.70
ROOM USE	30	41	1,627.49	39.69	.621	54.25	24.66
CROSSOVERS/ALL OTH OUTPTNT	23	52	708.96	13.63	.788	30.82	10.74
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	9	22	\$ 289.05	\$ 13.14	.333	\$ 32.12	\$ 4.38
PATHOLOGY	9	22	289.05	13.14	.333	32.12	4.38
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3	8	\$ 568.37	\$ 71.05	.121	\$ 189.46	\$ 8.61
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	2	7	257.21	36.74	.106	128.61	3.90
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1	311.16	311.16	.015	311.16	4.71

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,236
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE

66 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	6	\$ 207.71	\$ 34.62	.091	\$ 103.86	\$ 3.15
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	4	128.85	32.21	.061	128.85	1.95
AMBULANCES/AIR TRANS	1	4	128.85	32.21	.061	128.85	1.95
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	78.86	39.43	.030	78.86	1.19
PROSTHETICS	1	2	78.86	39.43	.030	78.86	1.19
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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MOP024

FEE-FOR-SERVICE/DENTAL

01/17/03

SACRAMENTO COUNTY

SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

365 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	395	10,496	\$ 1,156,790.33	\$ 110.21	28.756	\$ 2928.58	\$ 3169.29
@PHYSICIANS SERVICES	145	393	\$ 15,688.56	\$ 39.92	1.077	\$ 108.20	\$ 42.98
OUTPATIENT VISITS	52	70	3,091.30	44.16	.192	59.45	8.47
OFFICE VISITS	21	34	990.22	29.12	.093	47.15	2.71
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	27	27	1,757.96	65.11	.074	65.11	4.82
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	2	120.00	60.00	.005	120.00	.33
OTHER OUTPATIENT	5	7	223.12	31.87	.019	44.62	.61
INPATIENT VISITS	66	116	3,988.81	34.39	.318	60.44	10.93
HOSPITAL VISITS	5	10	480.58	48.06	.027	96.12	1.32
CRITICAL CARE	1	2	243.20	121.60	.005	243.20	.67
SNF/ICF/TRANS IP CARE	61	104	3,265.03	31.39	.285	53.53	8.95
OPHTHALMOLOGICAL SERVICES	5	8	362.36	45.30	.022	72.47	.99
EXAMINATIONS	5	8	362.36	45.30	.022	72.47	.99
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	9	71	4,127.74	58.14	.195	458.64	11.31
PRINCIPAL SURGEON	4	4	2,560.62	640.16	.011	640.16	7.02
ASSISTANT SURGEON	1	1	168.65	168.65	.003	168.65	.46
ANESTHESIOLOGIST	5	66	1,398.47	21.19	.181	279.69	3.83
OUTPATIENT SURGERY	8	14	1,198.98	85.64	.038	149.87	3.28
PRINCIPAL SURGEON	7	7	1,024.98	146.43	.019	146.43	2.81
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	7	174.00	24.86	.019	174.00	.48
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	12	580.15	48.35	.033	116.03	1.59
RADIOLOGY	28	49	1,198.50	24.46	.134	42.80	3.28
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2	26.70	13.35	.005	13.35	.07
OTHER SERVICES/ALL X-OVERS	31	51	1,114.02	21.84	.140	35.94	3.05
@PHARMACY	199	1,811	\$ 97,946.98	\$ 54.08	4.962	\$ 492.20	\$ 268.35
PRESCRIPTION DRUGS	196	1,777	97,052.33	54.62	4.868	495.16	265.90
SNF/ICF	139	1,452	81,517.36	56.14	3.978	586.46	223.34
OUTPATIENTS	73	325	15,534.97	47.80	.890	212.81	42.56
MEDICAL SUPPLIES	11	34	894.65	26.31	.093	81.33	2.45
@DENTIST	33	124	\$ 4,552.75	\$ 36.72	.340	\$ 137.96	\$ 12.47
VISITS - DIAGNOSTIC	25	89	1,010.75	11.36	.244	40.43	2.77
ORAL SURGERY	6	11	511.00	46.45	.030	85.17	1.40
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	1	1	.00	.00	.003	.00	.00
ENDODONTICS	1	2	437.00	218.50	.005	437.00	1.20
RESTORATIVE DENTISTRY	6	16	794.00	49.63	.044	132.33	2.18
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	4	1,800.00	450.00	.011	900.00	4.93
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.003	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 10,238
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 52 ALL MIA - SOC						

365 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	4	\$ 100.56	\$ 25.14	.011	\$ 50.28	\$.28
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.003	47.45	.13
EYE APPLIANCES	1	3	53.11	17.70	.008	53.11	.15
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	1	\$ 30.13	\$ 30.13	.003	\$ 30.13	\$.08
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	94	709	\$ 23,971.11	\$ 33.81	1.942	\$ 255.01	\$ 65.67
HOSP INPATIENT TOTAL	7	42	12,666.05	301.57	.115	1809.44	34.70
HSC HOSPITALS	5	16	11,042.05	690.13	.044	2208.41	30.25
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	26	1,624.00	62.46	.071	812.00	4.45
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	88	667	11,305.06	16.95	1.827	128.47	30.97
MEDICAL	13	52	702.76	13.51	.142	54.06	1.93
SURGERY	13	14	556.47	39.75	.038	42.81	1.52
PATHOLOGY	52	400	3,999.25	10.00	1.096	76.91	10.96
RADIOLOGY	29	58	2,357.44	40.65	.159	81.29	6.46
ROOM USE	51	72	2,722.16	37.81	.197	53.38	7.46
CROSSOVERS/ALL OTH OUTPTNT	34	71	966.98	13.62	.195	28.44	2.65
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,239
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

365 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	94	709	\$ 23,971.11	\$ 33.81	1.942 \$ 255.01 \$ 65.67
COMM HOSP INPATIENT TOTAL	7	42	12,666.05	301.57	.115 1809.44 34.70
HSC HOSPITALS	5	16	11,042.05	690.13	.044 2208.41 30.25
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	0	0	.00	.00	.000 .00 .00
ANCILLARIES	0	0	.00	.00	.000 .00 .00
INPATIENT CROSSOVERS	2	26	1,624.00	62.46	.071 812.00 4.45
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
COMM HOSP OUTPATIENT TOTAL	88	667	11,305.06	16.95	1.827 128.47 30.97
MEDICAL	13	52	702.76	13.51	.142 54.06 1.93
SURGERY	13	14	556.47	39.75	.038 42.81 1.52
PATHOLOGY	52	400	3,999.25	10.00	1.096 76.91 10.96
RADIOLOGY	29	58	2,357.44	40.65	.159 81.29 6.46
ROOM USE	51	72	2,722.16	37.81	.197 53.38 7.46
CROSSOVERS/ALL OTH OUTPTNT	34	71	966.98	13.62	.195 28.44 2.65
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000 .00 .00
DEVELOP. DISABLED	0	0	.00	.00	.000 .00 .00
@NURSING FACILITY	148	6,673	\$ 1,005,607.37	\$ 150.70	18.282 \$ 6794.64 \$ 2755.09
LEV A-INTERMEDIATE	3	183	9,824.60	53.69	.501 3274.87 26.92
LEV B-REHAB MD	7	395	45,284.30	114.64	1.082 6469.19 124.07
LEV B-SUBACUTE FREESTANDING	2	57	21,520.26	377.55	.156 10760.13 58.96
LEV B-SUBACUTE HSPTL BASED	11	484	252,742.15	522.19	1.326 22976.56 692.44
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
LEV B-REGULAR	125	5,554	676,236.06	121.76	15.216 5409.89 1852.70
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000 \$.00 \$.00
ICF DDH	0	0	.00	.00	.000 .00 .00
ICF DD	0	0	.00	.00	.000 .00 .00
ICF DDN/DDCN	0	0	.00	.00	.000 .00 .00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000 .00 .00
HEMODIALYSIS CENTER	0	0	.00	.00	.000 .00 .00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000 .00 .00

INDEPENDENT FACILITY	0	0		.00		.00		.000		.00		.00
@LABORATORY FACILITY	33	132	\$	1,440.89	\$	10.92		.362	\$	43.66	\$	3.95
PATHOLOGY	33	132		1,440.89		10.92		.362		43.66		3.95
XO AND OTHERS	0	0		.00		.00		.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	15	36	\$	1,354.76	\$	37.63		.099	\$	90.32	\$	3.71
CLINIC	8	23		467.88		20.34		.063		58.49		1.28
SURGICENTER	2	7		257.21		36.74		.019		128.61		.70
HEROIN DETOX CLINIC	0	0		.00		.00		.000		.00		.00
RURAL HEALTH CLINIC	5	6		629.67		104.95		.016		125.93		1.73

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,240
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

365 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	51	613	\$ 6,097.22	\$ 9.95	1.679	\$ 119.55	\$ 16.70
DURABLE MED. EQUIP.	6	14	424.45	30.32	.038	70.74	1.16
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	34	524	4,179.55	7.98	1.436	122.93	11.45
AMBULANCES/AIR TRANS	20	291	3,371.92	11.59	.797	168.60	9.24
OTHER TRANS	18	229	743.78	3.25	.627	41.32	2.04
OTHER SERVICES	1	4	63.85	15.96	.011	63.85	.17
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	5	31	569.55	18.37	.085	113.91	1.56
OPTICIAN	1	2	26.08	13.04	.005	26.08	.07
PHYSICAL THERAPIST	8	35	695.26	19.86	.096	86.91	1.90
PORTABLE X-RAY	2	4	120.52	30.13	.011	60.26	.33
PROSTHETIST/ORTHOTISTS	1	2	78.86	39.43	.005	78.86	.22
PROSTHETICS	1	2	78.86	39.43	.005	78.86	.22
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	2.95	2.95	.003	2.95	.01
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	10	26	\$ 1,852.52	\$ 71.25	.071	\$ 185.25	\$ 5.08

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,241
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024
SACRAMENTO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

PAGE 10,242
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,243
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								
MOP024	FEE-FOR-SERVICE/DENTAL								
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 53 FOR FUTURE USE								

PAGE 10,244
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SACRAMENTO COUNTY

SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS

3,694 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,117	31,174	\$ 2,839,125.24	\$ 91.07	8.439	\$ 910.85	\$ 768.58
@PHYSICIANS SERVICES	1,757	7,402	\$ 436,536.62	\$ 58.98	2.004	\$ 248.46	\$ 118.17
OUTPATIENT VISITS	1,004	3,017	98,601.81	32.68	.817	98.21	26.69
OFFICE VISITS	353	475	20,238.91	42.61	.129	57.33	5.48
HOME VISITS	1	1	44.95	44.95	.000	44.95	.01
EMERGENCY ROOM	210	241	14,001.52	58.10	.065	66.67	3.79
PREVENTIVE CARE	1	1	45.33	45.33	.000	45.33	.01
OB VISITS/COMPRE PERI	489	2,222	62,340.04	28.06	.602	127.48	16.88
OTHER OUTPATIENT	64	77	1,931.06	25.08	.021	30.17	.52
INPATIENT VISITS	280	757	55,635.96	73.50	.205	198.70	15.06
HOSPITAL VISITS	201	439	19,515.92	44.46	.119	97.09	5.28
CRITICAL CARE	31	214	32,855.01	153.53	.058	1059.84	8.89
SNF/ICF/TRANS IP CARE	61	104	3,265.03	31.39	.028	53.53	.88
OPHTHALMOLOGICAL SERVICES	7	10	457.30	45.73	.003	65.33	.12
EXAMINATIONS	7	10	457.30	45.73	.003	65.33	.12
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	298	1,621	198,616.61	122.53	.439	666.50	53.77
PRINCIPAL SURGEON	194	238	159,967.72	672.13	.064	824.58	43.30
ASSISTANT SURGEON	29	29	5,464.02	188.41	.008	188.41	1.48
ANESTHESIOLOGIST	145	1,354	33,184.87	24.51	.367	228.86	8.98
OUTPATIENT SURGERY	146	273	24,816.44	90.90	.074	169.98	6.72
PRINCIPAL SURGEON	127	152	21,268.30	139.92	.041	167.47	5.76
ASSISTANT SURGEON	1	1	244.60	244.60	.000	244.60	.07
ANESTHESIOLOGIST	42	120	3,303.54	27.53	.032	78.66	.89
DIALYSIS	1	4	403.24	100.81	.001	403.24	.11
PATHOLOGY	246	397	6,924.35	17.44	.107	28.15	1.87
RADIOLOGY	584	803	36,762.20	45.78	.217	62.95	9.95
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	65	146	2,998.13	20.54	.040	46.13	.81
OTHER SERVICES/ALL X-OVERS	171	374	11,320.58	30.27	.101	66.20	3.06
@PHARMACY	1,036	4,416	\$ 149,030.66	\$ 33.75	1.195	\$ 143.85	\$ 40.34
PRESCRIPTION DRUGS	1,017	3,557	140,399.79	39.47	.963	138.05	38.01
SNF/ICF	139	1,452	81,517.36	56.14	.393	586.46	22.07
OUTPATIENTS	894	2,105	58,882.43	27.97	.570	65.86	15.94
MEDICAL SUPPLIES	65	859	8,630.87	10.05	.233	132.78	2.34
@DENTIST	178	813	\$ 35,472.35	\$ 43.63	.220	\$ 199.28	\$ 9.60
VISITS - DIAGNOSTIC	125	458	7,520.35	16.42	.124	60.16	2.04
ORAL SURGERY	37	79	6,318.00	79.97	.021	170.76	1.71
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	6	7	800.00	114.29	.002	133.33	.22
ENDODONTICS	8	13	3,013.00	231.77	.004	376.63	.82
RESTORATIVE DENTISTRY	64	245	15,752.00	64.29	.066	246.13	4.26
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	4	9	2,069.00	229.89	.002	517.25	.56
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.000	.00	.00

SACRAMENTO COUNTY

SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS

3,694 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	32	104	\$ 2,384.45	\$ 22.93	.028	\$ 74.51	\$.65
DIAGNOSTIC AND ANC. PROCED	27	28	1,245.84	44.49	.008	46.14	.34
EYE APPLIANCES	24	75	1,101.11	14.68	.020	45.88	.30
OTHER OPTOMETRIC SERVICES	1	1	37.50	37.50	.000	37.50	.01
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	3	5	\$ 158.00	\$ 31.60	.001	\$ 52.67	\$.04
MEDICINE/INJECTIONS	3	3	123.40	41.13	.001	41.13	.03
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	2	34.60	17.30	.001	34.60	.01
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	7	9	\$ 450.09	\$ 50.01	.002	\$ 64.30	\$.12
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	18	141	\$ 5,721.49	\$ 40.58	.038	\$ 317.86	\$ 1.55
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	3	9	\$ 190.26	\$ 21.14	.002	\$ 63.42	\$.05
@TOTAL HOSPITAL	1,011	6,062	\$ 1,075,449.18	\$ 177.41	1.641	\$ 1063.75	\$ 291.13
HOSP INPATIENT TOTAL	223	837	973,335.49	1162.89	.227	4364.73	263.49
HSC HOSPITALS	212	778	938,657.39	1206.50	.211	4427.63	254.10
NON-HSC HOSPITAL TOTAL	10	33	33,054.10	1001.64	.009	3305.41	8.95
ACCOMMODATIONS	10	33	12,938.09	392.06	.009	1293.81	3.50
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	33	12,938.09	392.06	.009	1293.81	3.50
ANCILLARIES	10	0	20,116.01	.00	.000	2011.60	5.45
INPATIENT CROSSOVERS	2	26	1,624.00	62.46	.007	812.00	.44
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	874	5,225	102,113.69	19.54	1.414	116.83	27.64
MEDICAL	53	112	3,042.61	27.17	.030	57.41	.82
SURGERY	98	128	4,721.63	36.89	.035	48.18	1.28
PATHOLOGY	398	2,096	22,960.09	10.95	.567	57.69	6.22
RADIOLOGY	210	258	14,035.83	54.40	.070	66.84	3.80
ROOM USE	478	748	29,404.65	39.31	.202	61.52	7.96
CROSSOVERS/ALL OTH OUTPTNT	401	1,883	27,948.88	14.84	.510	69.70	7.57
@COUNTY HOSPITAL TOTAL	12	51	1,839.47	36.07	.014	153.29	.50
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	12	51	1,839.47	36.07	.014	153.29	.50
MEDICAL	0	0	7.11	.00	.000	.00	.00
SURGERY	4	7	257.39	36.77	.002	64.35	.07
PATHOLOGY	5	20	506.77	25.34	.005	101.35	.14
RADIOLOGY	1	1	241.75	241.75	.000	241.75	.07
ROOM USE	7	12	719.43	59.95	.003	102.78	.19
CROSSOVERS/ALL OTH OUTPTNT	5	11	107.02	9.73	.003	21.40	.03
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SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS						

					----- MONTHLY AVERAGE -----			
3,694 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	1,000	6,011	\$ 1,073,609.71	\$ 178.61	1.627	\$ 1073.61	\$ 290.64	
COMM HOSP INPATIENT TOTAL	223	837	973,335.49	1162.89	.227	4364.73	263.49	
HSC HOSPITALS	212	778	938,657.39	1206.50	.211	4427.63	254.10	
NON-HSC HOSPITALS TOTAL	10	33	33,054.10	1001.64	.009	3305.41	8.95	
ACCOMMODATIONS	10	33	12,938.09	392.06	.009	1293.81	3.50	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	10	33	12,938.09	392.06	.009	1293.81	3.50	
ANCILLARIES	10	0	20,116.01	.00	.000	2011.60	5.45	
INPATIENT CROSSOVERS	2	26	1,624.00	62.46	.007	812.00	.44	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	863	5,174	100,274.22	19.38	1.401	116.19	27.15	
MEDICAL	53	112	3,035.50	27.10	.030	57.27	.82	
SURGERY	94	121	4,464.24	36.89	.033	47.49	1.21	
PATHOLOGY	394	2,076	22,453.32	10.82	.562	56.99	6.08	
RADIOLOGY	209	257	13,794.08	53.67	.070	66.00	3.73	
ROOM USE	471	736	28,685.22	38.97	.199	60.90	7.77	
CROSSOVERS/ALL OTH OUTPTNT	396	1,872	27,841.86	14.87	.507	70.31	7.54	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	148	6,673	\$ 1,005,607.37	\$ 150.70	1.806	\$ 6794.64	\$ 272.23	
LEV A-INTERMEDIATE	3	183	9,824.60	53.69	.050	3274.87	2.66	
LEV B-REHAB MD	7	395	45,284.30	114.64	.107	6469.19	12.26	
LEV B-SUBACUTE FREESTANDING	2	57	21,520.26	377.55	.015	10760.13	5.83	

LEV B-SUBACUTE HSPTL BASED	11	484		252,742.15	522.19	.131	22976.56	68.42
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	125	5,554		676,236.06	121.76	1.504	5409.89	183.06
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	740	2,244	\$	32,686.34	14.57	.607	44.17	8.85
PATHOLOGY	740	2,244		32,686.34	14.57	.607	44.17	8.85
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	418	2,035	\$	60,162.12	29.56	.551	143.93	16.29
CLINIC	368	1,848		51,650.25	27.95	.500	140.35	13.98
SURGICENTER	18	129		3,449.51	26.74	.035	191.64	.93
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	32	58		5,062.36	87.28	.016	158.20	1.37
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SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS							

3,694 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	347	1,261	\$ 35,276.31	\$ 27.97	.341	\$ 101.66	\$ 9.55
DURABLE MED. EQUIP.	8	16	557.40	34.84	.004	69.68	.15
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	67	839	11,258.08	13.42	.227	168.03	3.05
AMBULANCES/AIR TRANS	53	605	8,650.45	14.30	.164	163.22	2.34
OTHER TRANS	18	229	743.78	3.25	.062	41.32	.20
OTHER SERVICES	2	5	1,863.85	372.77	.001	931.93	.50
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	220	222	17,806.00	80.21	.060	80.94	4.82
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	5	31	569.55	18.37	.008	113.91	.15
OPTICIAN	34	74	654.81	8.85	.020	19.26	.18
PHYSICAL THERAPIST	10	52	954.50	18.36	.014	95.45	.26
PORTABLE X-RAY	2	4	120.52	30.13	.001	60.26	.03
PROSTHETIST/ORTHOTISTS	14	20	1,338.04	66.90	.005	95.57	.36
PROSTHETICS	4	7	311.79	44.54	.002	77.95	.08
ORTHOTICS	11	13	1,026.25	78.94	.004	93.30	.28
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	2	2	2,014.46	1007.23	.001	1007.23	.55
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	2.95	2.95	.000	2.95	.00
@CALIF. CHILDREN SERVICES*	22	381	\$ 159,514.49	\$ 418.67	.103	\$ 7250.66	\$ 43.18

@XOVER EXCLUDING STATE HOSP** 10 26 \$ 1,852.52 \$ 71.25 .007 \$ 185.25 \$.50

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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 SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

	178,510 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	130,703	8,338,211	\$	115,736,325.90	\$ 13.88	46.710	\$ 885.49	\$ 648.35
@PHYSICIANS SERVICES	31,855	97,537	\$	2,387,505.97	\$ 24.48	.546	\$ 74.95	\$ 13.37
OUTPATIENT VISITS	8,425	11,946		408,393.25	34.19	.067	48.47	2.29
OFFICE VISITS	7,845	10,868		351,244.62	32.32	.061	44.77	1.97
HOME VISITS	1	1		34.30	34.30	.000	34.30	.00
EMERGENCY ROOM	627	684		47,969.70	70.13	.004	76.51	.27
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	295	393		9,144.63	23.27	.002	31.00	.05
INPATIENT VISITS	618	2,658		117,107.06	44.06	.015	189.49	.66
HOSPITAL VISITS	454	2,268		95,784.89	42.23	.013	210.98	.54
CRITICAL CARE	33	109		13,130.90	120.47	.001	397.91	.07
SNF/ICF/TRANS IP CARE	165	281		8,191.27	29.15	.002	49.64	.05
OPHTHALMOLOGICAL SERVICES	486	564		23,932.59	42.43	.003	49.24	.13
EXAMINATIONS	450	526		23,153.18	44.02	.003	51.45	.13
SERVICES AND MATERIALS	37	38		779.41	20.51	.000	21.07	.00
INPATIENT HOSPITAL SURGERY	248	1,537		135,535.82	88.18	.009	546.52	.76
PRINCIPAL SURGEON	169	273		96,085.82	351.96	.002	568.56	.54
ASSISTANT SURGEON	39	45		11,604.84	257.89	.000	297.56	.07
ANESTHESIOLOGIST	103	1,219		27,845.16	22.84	.007	270.34	.16
OUTPATIENT SURGERY	863	1,919		319,761.42	166.63	.011	370.52	1.79
PRINCIPAL SURGEON	729	956		289,434.05	302.76	.005	397.03	1.62
ASSISTANT SURGEON	9	9		1,155.25	128.36	.000	128.36	.01
ANESTHESIOLOGIST	217	954		29,172.12	30.58	.005	134.43	.16
DIALYSIS	38	150		10,142.16	67.61	.001	266.90	.06
PATHOLOGY	1,720	3,106		33,557.18	10.80	.017	19.51	.19
RADIOLOGY	2,325	4,782		232,335.08	48.59	.027	99.93	1.30
PSYCHIATRY	1	1		32.98	32.98	.000	32.98	.00
IMMUNIZATION AND INJECTION	645	2,353		68,676.42	29.19	.013	106.48	.38
OTHER SERVICES/ALL X-OVERS	23,806	68,521		1,038,032.01	15.15	.384	43.60	5.81
@PHARMACY	107,293	2,242,542	\$	24,612,001.27	\$ 10.98	12.563	\$ 229.39	\$ 137.87
PRESCRIPTION DRUGS	105,846	459,976		23,641,112.10	51.40	2.577	223.35	132.44
SNF/ICF	18,961	118,097		5,393,730.74	45.67	.662	284.46	30.22
OUTPATIENTS	87,746	341,879		18,247,381.36	53.37	1.915	207.96	102.22
MEDICAL SUPPLIES	8,965	1,782,566		970,889.17	.54	9.986	108.30	5.44
@DENTIST	9,508	37,737	\$	1,895,863.62	\$ 50.24	.211	\$ 199.40	\$ 10.62
VISITS - DIAGNOSTIC	6,302	22,767		312,092.02	13.71	.128	49.52	1.75
ORAL SURGERY	1,541	4,035		189,505.18	46.97	.023	122.98	1.06
DRUGS	3	3		90.00	30.00	.000	30.00	.00
ANESTHESIA	9	11		600.00	54.55	.000	66.67	.00
PERIODONTICS	581	596		101,200.00	169.80	.003	174.18	.57
ENDODONTICS	387	603		139,392.50	231.17	.003	360.19	.78
RESTORATIVE DENTISTRY	1,632	4,020		387,605.10	96.42	.023	237.50	2.17
PROSTHETICS	117	129		3,905.00	30.27	.001	33.38	.02
DENTURES, STAYPLATES	2,175	5,462		759,737.78	139.10	.031	349.30	4.26
SPACE MAINTAINERS	1	1		.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	1	3	86.04	28.68	.000	86.04	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	.00	.00	.000	.00	.00
ALL OTHER SERVICES	74	106	1,650.00	15.57	.001	22.30	.01

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	178,510 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3,799	12,637	\$	251,013.90	\$ 19.86	.071	\$ 66.07	\$ 1.41
DIAGNOSTIC AND ANC. PROCED	1,485	1,513		69,249.79	45.77	.008	46.63	.39
EYE APPLIANCES	3,135	10,645		171,793.78	16.14	.060	54.80	.96
OTHER OPTOMETRIC SERVICES	307	479		9,970.33	20.81	.003	32.48	.06
@CHIROPRACTOR	20	38	\$	470.66	\$ 12.39	.000	\$ 23.53	\$.00
VISITS	3	12		200.64	16.72	.000	66.88	.00
OTHER SERVICES	17	26		270.02	10.39	.000	15.88	.00
@PODIATRIST	4,849	7,643	\$	86,569.33	\$ 11.33	.043	\$ 17.85	\$.48
MEDICINE/INJECTIONS	207	247		6,941.20	28.10	.001	33.53	.04
SURGERY/ANES.	31	51		955.52	18.74	.000	30.82	.01
RADIO./PATHOLOGY	8	11		190.30	17.30	.000	23.79	.00
OTHER	4,644	7,334		78,482.31	10.70	.041	16.90	.44
@HOME HEALTH AGENCY	182	1,701	\$	121,388.92	\$ 71.36	.010	\$ 666.97	\$.68
NURSE ANESTHESIST	147	936	\$	6,292.12	\$ 6.72	.005	\$ 42.80	\$.04
NURSE MIDWIFE	1	1	\$	5.26	\$ 5.26	.000	\$ 5.26	\$.00
PEDIATRIC NURSE PRACTITIONER	1	1	\$	13.70	\$ 13.70	.000	\$ 13.70	\$.00
FAMILY NURSE PRACTITIONER	20	43	\$	930.37	\$ 21.64	.000	\$ 46.52	\$.01
@TOTAL HOSPITAL	8,489	55,009	\$	8,347,069.90	\$ 151.74	.308	\$ 983.28	\$ 46.76
HOSP INPATIENT TOTAL	1,731	11,007		7,468,527.44	678.53	.062	4314.57	41.84
HSC HOSPITALS	1,135	6,358		6,745,569.00	1060.96	.036	5943.23	37.79
NON-HSC HOSPITAL TOTAL	73	489		308,210.61	630.29	.003	4222.06	1.73
ACCOMMODATIONS	72	489		146,518.96	299.63	.003	2034.99	.82
ADMINISTRATIVE DAYS	46	395		77,086.26	195.16	.002	1675.79	.43
TRANSITIONAL IP CARE	0	0		125.86	.00	.000	.00	.00
ALL OTHER ACCOM	26	94		69,306.84	737.31	.001	2665.65	.39
ANCILLARIES	71	0		161,691.65	.00	.000	2277.35	.91
INPATIENT CROSSOVERS	557	4,160		414,747.84	99.70	.023	744.61	2.32
ALL OTHER INPATIENT	0	0		.01CR	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	7,004	44,002		878,542.46	19.97	.246	125.43	4.92
MEDICAL	421	559		30,353.31	54.30	.003	72.10	.17
SURGERY	272	302		25,728.98	85.20	.002	94.59	.14
PATHOLOGY	738	4,659		38,903.92	8.35	.026	52.72	.22
RADIOLOGY	601	1,129		92,182.62	81.65	.006	153.38	.52
ROOM USE	1,078	1,711		85,922.90	50.22	.010	79.71	.48
CROSSOVERS/ALL OTH OUTPTNT	5,893	35,642		605,450.73	16.99	.200	102.74	3.39
@COUNTY HOSPITAL TOTAL	25	144	\$	4,329.97	\$ 30.07	.001	\$ 173.20	\$.02
CO HOSPITAL INPATIENT TOTAL	1	1		504.40	504.40	.000	504.40	.00
HSC HOSPITALS	1	1		1,120.00	1120.00	.000	1120.00	.01
NON-HSC HOSPITALS TOTAL	0	0		615.60CR	.00	.000	.00	.00
ACCOMMODATIONS	0	0		615.60CR	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		615.60CR	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	24	143	3,825.57	26.75	.001	159.40	.02
MEDICAL	10	29	1,328.34	45.80	.000	132.83	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	49	420.21	8.58	.000	105.05	.00
RADIOLOGY	5	10	890.63	89.06	.000	178.13	.00
ROOM USE	10	17	652.29	38.37	.000	65.23	.00
CROSSEOVERS/ALL OTH OUTPTNT	13	38	534.10	14.06	.000	41.08	.00

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SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

	178,510 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8,465	54,865	\$	8,342,739.93	\$ 152.06	.307	\$ 985.56	\$ 46.74
COMM HOSP INPATIENT TOTAL	1,731	11,006		7,468,023.04	678.54	.062	4314.28	41.84
HSC HOSPITALS	1,134	6,357		6,744,449.00	1060.95	.036	5947.49	37.78
NON-HSC HOSPITALS TOTAL	73	489		308,826.21	631.55	.003	4230.50	1.73
ACCOMMODATIONS	72	489		147,134.56	300.89	.003	2043.54	.82
ADMINISTRATIVE DAYS	46	395		77,701.86	196.71	.002	1689.17	.44
TRANSITIONAL IP CARE	0	0		125.86	.00	.000	.00	.00
ALL OTHER ACCOM	26	94		69,306.84	737.31	.001	2665.65	.39
ANCILLARIES	71	0		161,691.65	.00	.000	2277.35	.91
INPATIENT CROSSEOVERS	557	4,160		414,747.84	99.70	.023	744.61	2.32
ALL OTHER INPATIENT	0	0		.01CR	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6,980	43,859		874,716.89	19.94	.246	125.32	4.90
MEDICAL	411	530		29,024.97	54.76	.003	70.62	.16
SURGERY	272	302		25,728.98	85.20	.002	94.59	.14
PATHOLOGY	734	4,610		38,483.71	8.35	.026	52.43	.22
RADIOLOGY	596	1,119		91,291.99	81.58	.006	153.17	.51
ROOM USE	1,068	1,694		85,270.61	50.34	.009	79.84	.48
CROSSEOVERS/ALL OTH OUTPTNT	5,880	35,604		604,916.63	16.99	.199	102.88	3.39
@STATE HOSPITAL	11	360	\$	214,233.43	\$ 595.09	.002	\$ 19475.77	\$ 1.20

MENTALLY ILL	0	0	21.38	.00	.000	.00	.00
DEVELOP. DISABLED	11	360	214,212.05	595.03	.002	19473.82	1.20
@NURSING FACILITY	22,472	698,506	\$ 70,840,356.99	\$ 101.42	3.913	\$ 3152.38	\$ 396.84
LEV A-INTERMEDIATE	708	23,225	1,303,724.96	56.13	.130	1841.42	7.30
LEV B-REHAB MD	154	5,209	539,992.95	103.67	.029	3506.45	3.03
LEV B-SUBACUTE FREESTANDING	1	3	219.77	73.26	.000	219.77	.00
LEV B-SUBACUTE HSPTL BASED	87	3,748	1,826,653.71	487.37	.021	20996.02	10.23
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	21,588	666,321	67,169,765.60	100.81	3.733	3111.44	376.28
@INTERMEDIATE CARE FACIL.-DD	16	464	\$ 51,419.24	\$ 110.82	.003	\$ 3213.70	\$.29
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	16	464	51,419.24	110.82	.003	3213.70	.29
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	549	2,656	\$ 480,299.29	\$ 180.84	.015	\$ 874.86	\$ 2.69
HOSPITAL BASED	5	206	37,011.67	179.67	.001	7402.33	.21
HEMODIALYSIS CENTER	544	2,450	443,287.62	180.93	.014	814.87	2.48
@REHABILITATION FACILITY	13	45	\$ 1,021.33	\$ 22.70	.000	\$ 78.56	\$.01
HOSPITAL BASED	13	45	1,021.33	22.70	.000	78.56	.01
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	3,006	12,774	\$ 142,093.43	\$ 11.12	.072	\$ 47.27	\$.80
PATHOLOGY	2,820	12,225	138,873.73	11.36	.068	49.25	.78
XO AND OTHERS	186	549	3,219.70	5.86	.003	17.31	.02
@ORGANIZED OUTPATIENT CLINIC	1,261	3,698	\$ 203,312.05	\$ 54.98	.021	\$ 161.23	\$ 1.14
CLINIC	339	1,204	29,306.94	24.34	.007	86.45	.16
SURGICENTER	478	1,705	119,104.88	69.86	.010	249.17	.67
HEROIN DETOX CLINIC	1	40	408.77	10.22	.000	408.77	.00
RURAL HEALTH CLINIC	449	749	54,491.46	72.75	.004	121.36	.31

#CALIF DEPT OF HEALTH SERV MOP024 SACRAMENTO COUNTY

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SUMMARY OF SERVICES FOR 55 ALL AGED

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	178,510 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	26,500		5,163,883	\$ 6,094,465.12	\$ 1.18	28.928	\$ 229.98	\$ 34.14
DURABLE MED. EQUIP.	1,291		4,637	532,561.01	114.85	.026	412.52	2.98
BLOOD BANK	2		50	955.00	19.10	.000	477.50	.01
HEARING AID DISPENSERS	202		248	51,308.44	206.89	.001	254.00	.29
MEDICAL TRANSPORTATION	6,062		192,972	862,925.44	4.47	1.081	142.35	4.83
AMBULANCES/AIR TRANS	475		3,513	63,551.85	18.09	.020	133.79	.36
OTHER TRANS	3,463		166,854	635,248.29	3.81	.935	183.44	3.56
OTHER SERVICES	2,424		22,605	164,125.30	7.26	.127	67.71	.92
ACUPUNCTURE	2,470		6,285	110,381.34	17.56	.035	44.69	.62
ADULT DAY HEALTH CARE CTR	2,087		27,885	1,861,669.92	66.76	.156	892.03	10.43
GENETIC DISEASE TESTING	1		1	41.00	41.00	.000	41.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	1,222		13,817	664,515.22	48.09	.077	543.79	3.72
OCCUPATIONAL THERAPIST	6		17	358.87	21.11	.000	59.81	.00
OPTICIAN	4,095		10,389	128,210.97	12.34	.058	31.31	.72
PHYSICAL THERAPIST	18		90	1,282.84	14.25	.001	71.27	.01
PORTABLE X-RAY	98		174	802.22	4.61	.001	8.19	.00
PROSTHETIST/ORTHOTISTS	618		1,330	53,344.46	40.11	.007	86.32	.30
PROSTHETICS	524		1,194	42,765.33	35.82	.007	81.61	.24
ORTHOTICS	109		136	10,579.13	77.79	.001	97.06	.06
PSYCHOLOGIST	48		59	1,028.53	17.43	.000	21.43	.01
SPEECH AND AUDIOLOGY	1,083		2,136	200,619.29	93.92	.012	185.24	1.12
HOSPICE SERVICES	202		4,894	589,425.93	120.44	.027	2917.95	3.30
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	4	13	120.50	9.27	.000	30.13	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	10,689	4,898,886	1,034,914.14	.21	27.443	96.82	5.80
@CALIF. CHILDREN SERVICES*	4	2CR \$	723.05	\$ 361.53CR	.000	\$ 180.76	\$.00
@XOVER EXCLUDING STATE HOSP**	36,761	659,873 \$	4,319,600.13	\$ 6.55	3.697	\$ 117.50	\$ 24.20

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 56 ALL BLIND

11,914 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	8,939	779,206	\$ 6,426,835.79	\$ 8.25	65.403	\$ 718.97	\$ 539.44
@PHYSICIANS SERVICES	3,249	10,565	\$ 347,370.93	\$ 32.88	.887	\$ 106.92	\$ 29.16
OUTPATIENT VISITS	1,693	2,505	87,110.52	34.77	.210	51.45	7.31
OFFICE VISITS	1,283	1,783	56,805.41	31.86	.150	44.28	4.77
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	259	312	18,467.85	59.19	.026	71.30	1.55
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	15	29	1,986.25	68.49	.002	132.42	.17
OTHER OUTPATIENT	288	381	9,851.01	25.86	.032	34.20	.83
INPATIENT VISITS	166	737	32,207.47	43.70	.062	194.02	2.70
HOSPITAL VISITS	118	641	27,062.54	42.22	.054	229.34	2.27
CRITICAL CARE	6	17	2,623.32	154.31	.001	437.22	.22
SNF/ICF/TRANS IP CARE	58	79	2,521.61	31.92	.007	43.48	.21
OPHTHALMOLOGICAL SERVICES	200	246	9,329.01	37.92	.021	46.65	.78
EXAMINATIONS	196	242	9,249.01	38.22	.020	47.19	.78
SERVICES AND MATERIALS	4	4	80.00	20.00	.000	20.00	.01
INPATIENT HOSPITAL SURGERY	48	206	18,337.91	89.02	.017	382.04	1.54
PRINCIPAL SURGEON	38	47	14,480.49	308.10	.004	381.07	1.22
ASSISTANT SURGEON	3	3	344.54	114.85	.000	114.85	.03
ANESTHESIOLOGIST	18	156	3,512.88	22.52	.013	195.16	.29
OUTPATIENT SURGERY	199	559	64,993.62	116.27	.047	326.60	5.46
PRINCIPAL SURGEON	158	209	54,403.52	260.30	.018	344.33	4.57
ASSISTANT SURGEON	4	4	953.84	238.46	.000	238.46	.08
ANESTHESIOLOGIST	62	346	9,636.26	27.85	.029	155.42	.81
DIALYSIS	61	403	17,259.02	42.83	.034	282.93	1.45
PATHOLOGY	240	427	3,908.85	9.15	.036	16.29	.33
RADIOLOGY	464	959	43,436.99	45.29	.080	93.61	3.65
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	107	203	8,260.60	40.69	.017	77.20	.69
OTHER SERVICES/ALL X-OVERS	1,470	4,320	62,526.94	14.47	.363	42.54	5.25
@PHARMACY	7,115	199,866	\$ 2,277,125.29	\$ 11.39	16.776	\$ 320.05	\$ 191.13
PRESCRIPTION DRUGS	6,947	30,476	2,072,762.54	68.01	2.558	298.37	173.98
SNF/ICF	185	1,244	73,829.20	59.35	.104	399.08	6.20
OUTPATIENTS	6,798	29,232	1,998,933.34	68.38	2.454	294.05	167.78
MEDICAL SUPPLIES	1,208	169,390	204,362.75	1.21	14.218	169.17	17.15
@DENTIST	707	3,044	\$ 125,066.70	\$ 41.09	.255	\$ 176.90	\$ 10.50
VISITS - DIAGNOSTIC	480	2,035	26,863.20	13.20	.171	55.97	2.25
ORAL SURGERY	102	232	10,325.00	44.50	.019	101.23	.87
DRUGS	1	1	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.01

PERIODONTICS	55	67	12,014.00	179.31	.006	218.44	1.01
ENDODONTICS	38	53	12,489.00	235.64	.004	328.66	1.05
RESTORATIVE DENTISTRY	175	396	37,068.00	93.61	.033	211.82	3.11
PROSTHETICS	10	10	270.00	27.00	.001	27.00	.02
DENTURES, STAYPLATES	85	243	25,937.50	106.74	.020	305.15	2.18
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	5	6	.00	.00	.001	.00	.00

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11,914 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	153	503	\$ 11,091.32	\$ 22.05	.042	\$ 72.49	\$.93
DIAGNOSTIC AND ANC. PROCED	65	68	3,018.39	44.39	.006	46.44	.25
EYE APPLIANCES	125	419	7,723.51	18.43	.035	61.79	.65
OTHER OPTOMETRIC SERVICES	10	16	349.42	21.84	.001	34.94	.03
@CHIROPRACTOR	19	40	\$ 656.26	\$ 16.41	.003	\$ 34.54	\$.06
VISITS	19	40	656.26	16.41	.003	34.54	.06
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	249	452	\$ 7,159.68	\$ 15.84	.038	\$ 28.75	\$.60
MEDICINE/INJECTIONS	62	87	2,180.42	25.06	.007	35.17	.18
SURGERY/ANES.	7	10	221.24	22.12	.001	31.61	.02
RADIO./PATHOLOGY	2	3	51.90	17.30	.000	25.95	.00
OTHER	187	352	4,706.12	13.37	.030	25.17	.40
@HOME HEALTH AGENCY	146	11,481	\$ 364,755.12	\$ 31.77	.964	\$ 2498.32	\$ 30.62
NURSE ANESTHESIST	9	26	\$ 476.01	\$ 18.31	.002	\$ 52.89	\$.04
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	14	23	\$ 600.93	\$ 26.13	.002	\$ 42.92	\$.05
@TOTAL HOSPITAL	1,351	9,368	\$ 1,236,193.09	\$ 131.96	.786	\$ 915.02	\$ 103.76
HOSP INPATIENT TOTAL	168	1,088	1,041,940.94	957.67	.091	6202.03	87.46
HSC HOSPITALS	130	777	853,793.29	1098.83	.065	6567.64	71.66
NON-HSC HOSPITAL TOTAL	13	135	169,359.61	1254.52	.011	13027.66	14.22
ACCOMMODATIONS	13	135	52,285.64	387.30	.011	4021.97	4.39
ADMINISTRATIVE DAYS	9	74	15,153.79	204.78	.006	1683.75	1.27
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	61	37,131.85	608.72	.005	6188.64	3.12
ANCILLARIES	13	0	117,073.97	.00	.000	9005.69	9.83
INPATIENT CROSSOVERS	29	176	18,788.04	106.75	.015	647.86	1.58
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,238	8,280	194,252.15	23.46	.695	156.91	16.30
MEDICAL	164	214	12,230.91	57.15	.018	74.58	1.03
SURGERY	92	98	7,638.83	77.95	.008	83.03	.64
PATHOLOGY	346	2,589	20,394.63	7.88	.217	58.94	1.71
RADIOLOGY	207	322	25,191.96	78.24	.027	121.70	2.11
ROOM USE	696	1,234	47,969.27	38.87	.104	68.92	4.03
CROSSOVERS/ALL OTH OUTPTNT	654	3,823	80,826.55	21.14	.321	123.59	6.78
@COUNTY HOSPITAL TOTAL	14	142	\$ 97,493.03	\$ 686.57	.012	\$ 6963.79	\$ 8.18
CO HOSPITAL INPATIENT TOTAL	6	100	96,566.99	965.67	.008	16094.50	8.11
HSC HOSPITALS	6	87	91,176.00	1048.00	.007	15196.00	7.65
NON-HSC HOSPITALS TOTAL	1	13	5,390.99	414.69	.001	5390.99	.45
ACCOMMODATIONS	1	13	3,006.90	231.30	.001	3006.90	.25

ADMINISTRATIVE DAYS	1	13	3,006.90	231.30	.001	3006.90	.25
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	2,384.09	.00	.000	2384.09	.20
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	9	42	926.04	22.05	.004	102.89	.08
MEDICAL	3	3	75.23	25.08	.000	25.08	.01
SURGERY	2	2	28.41	14.21	.000	14.21	.00
PATHOLOGY	3	11	131.32	11.94	.001	43.77	.01
RADIOLOGY	4	5	290.02	58.00	.000	72.51	.02
ROOM USE	5	6	257.72	42.95	.001	51.54	.02
CROSSOVERS/ALL OTH OUTPTNT	5	15	143.34	9.56	.001	28.67	.01

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 56 ALL BLIND

11,914 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,345	9,226	\$ 1,138,700.06	\$ 123.42	.774	\$ 846.62	\$ 95.58
COMM HOSP INPATIENT TOTAL	162	988	945,373.95	956.86	.083	5835.64	79.35
HSC HOSPITALS	124	690	762,617.29	1105.24	.058	6150.14	64.01
NON-HSC HOSPITALS TOTAL	12	122	163,968.62	1344.01	.010	13664.05	13.76
ACCOMMODATIONS	12	122	49,278.74	403.92	.010	4106.56	4.14
ADMINISTRATIVE DAYS	8	61	12,146.89	199.13	.005	1518.36	1.02
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	61	37,131.85	608.72	.005	6188.64	3.12
ANCILLARIES	12	0	114,689.88	.00	.000	9557.49	9.63
INPATIENT CROSSOVERS	29	176	18,788.04	106.75	.015	647.86	1.58
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,232	8,238	193,326.11	23.47	.691	156.92	16.23
MEDICAL	161	211	12,155.68	57.61	.018	75.50	1.02
SURGERY	90	96	7,610.42	79.28	.008	84.56	.64
PATHOLOGY	344	2,578	20,263.31	7.86	.216	58.90	1.70
RADIOLOGY	204	317	24,901.94	78.56	.027	122.07	2.09
ROOM USE	691	1,228	47,711.55	38.85	.103	69.05	4.00
CROSSOVERS/ALL OTH OUTPTNT	649	3,808	80,683.21	21.19	.320	124.32	6.77
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	176	4,404	\$ 777,905.97	\$ 176.64	.370	\$ 4419.92	\$ 65.29
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	2	57	6,893.01	120.93	.005	3446.51	.58
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	7	395	202,234.99	511.99	.033	28890.71	16.97
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	167	3,952	568,777.97	143.92	.332	3405.86	47.74
@INTERMEDIATE CARE FACIL.-DD	4	187	\$ 27,658.32	\$ 147.91	.016	\$ 6914.58	\$ 2.32
ICF DDH	4	187	27,658.32	147.91	.016	6914.58	2.32
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	219	6,300	\$ 316,005.54	\$ 50.16	.529	\$ 1442.95	\$ 26.52
HOSPITAL BASED	3	34	6,086.11	179.00	.003	2028.70	.51
HEMODIALYSIS CENTER	217	6,266	309,919.43	49.46	.526	1428.20	26.01
@REHABILITATION FACILITY	114	830	\$ 17,122.91	\$ 20.63	.070	\$ 150.20	\$ 1.44
HOSPITAL BASED	17	58	1,472.39	25.39	.005	86.61	.12

INDEPENDENT FACILITY	97	772		15,650.52		20.27	.065	161.35	1.31
@LABORATORY FACILITY	511	2,406	\$	28,180.35	\$	11.71	.202	\$ 55.15	\$ 2.37
PATHOLOGY	505	2,395		28,099.53		11.73	.201	55.64	2.36
XO AND OTHERS	7	11		80.82		7.35	.001	11.55	.01
@ORGANIZED OUTPATIENT CLINIC	207	468	\$	36,910.30	\$	78.87	.039	\$ 178.31	\$ 3.10
CLINIC	111	277		19,528.65		70.50	.023	175.93	1.64
SURGICENTER	28	100		6,091.19		60.91	.008	217.54	.51
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	69	91		11,290.46		124.07	.008	163.63	.95

#CALIF DEPT OF HEALTH SERV MOP024
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 56 ALL BLIND

PAGE 10,256
01/17/03

11,914 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,367	529,243	\$ 852,557.07	\$ 1.61	44.422	\$ 360.18	\$ 71.56
DURABLE MED. EQUIP.	222	919	119,174.20	129.68	.077	536.82	10.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	21	26	4,745.19	182.51	.002	225.96	.40
MEDICAL TRANSPORTATION	517	44,421	184,401.52	4.15	3.728	356.68	15.48
AMBULANCES/AIR TRANS	126	1,372	23,218.17	16.92	.115	184.27	1.95
OTHER TRANS	287	41,697	151,814.90	3.64	3.500	528.97	12.74
OTHER SERVICES	145	1,352	9,368.45	6.93	.113	64.61	.79
ACUPUNCTURE	73	207	3,503.50	16.93	.017	47.99	.29
ADULT DAY HEALTH CARE CTR	112	1,348	90,072.94	66.82	.113	804.22	7.56
GENETIC DISEASE TESTING	6	6	366.00	61.00	.001	61.00	.03
IHMC,MODEL-NF,NF,AIDS,MSSP	150	4,747	149,398.10	31.47	.398	995.99	12.54
OCCUPATIONAL THERAPIST	2	64	293.41	4.58	.005	146.71	.02
OPTICIAN	212	570	14,345.93	25.17	.048	67.67	1.20
PHYSICAL THERAPIST	6	28	548.29	19.58	.002	91.38	.05
PORTABLE X-RAY	4	6	131.55	21.93	.001	32.89	.01
PROSTHETIST/ORTHOTISTS	59	214	18,843.43	88.05	.018	319.38	1.58

PROSTHETICS	56	208	18,449.36	88.70	.017	329.45	1.55
ORTHOTICS	4	6	394.07	65.68	.001	98.52	.03
PSYCHOLOGIST	1	3	69.44	23.15	.000	69.44	.01
SPEECH AND AUDIOLOGY	87	292	19,734.97	67.59	.025	226.84	1.66
HOSPICE SERVICES	11	281	36,487.17	129.85	.024	3317.02	3.06
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	364	33,485	93,343.85	2.79	2.811	256.44	7.83
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	991	442,626	117,097.58	.26	37.152	118.16	9.83
@CALIF. CHILDREN SERVICES*	360	10,014	\$ 402,150.02	\$ 40.16	.841	\$ 1117.08	\$ 33.75
@XOVER EXCLUDING STATE HOSP**	1,929	38,959	\$ 369,965.12	\$ 9.50	3.270	\$ 191.79	\$ 31.05

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 57 ALL DISABLED

453,063 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	349,779	14,911,497	\$ 247,302,352.22	\$ 16.58	32.913	\$ 707.02	\$ 545.85
@PHYSICIANS SERVICES	131,898	483,584	\$ 16,375,129.78	\$ 33.86	1.067	\$ 124.15	\$ 36.14
OUTPATIENT VISITS	80,618	119,409	4,119,836.08	34.50	.264	51.10	9.09
OFFICE VISITS	63,442	88,488	2,725,807.45	30.80	.195	42.97	6.02
HOME VISITS	84	124	4,696.18	37.87	.000	55.91	.01
EMERGENCY ROOM	13,987	17,719	1,036,109.83	58.47	.039	74.08	2.29
PREVENTIVE CARE	10	10	427.04	42.70	.000	42.70	.00
OB VISITS/COMPRE PERI	391	1,198	49,121.33	41.00	.003	125.63	.11
OTHER OUTPATIENT	9,381	11,870	303,674.25	25.58	.026	32.37	.67
INPATIENT VISITS	7,219	41,235	1,927,686.57	46.75	.091	267.03	4.25
HOSPITAL VISITS	5,635	35,816	1,467,244.63	40.97	.079	260.38	3.24
CRITICAL CARE	561	2,673	375,962.03	140.65	.006	670.16	.83
SNF/ICF/TRANS IP CARE	1,634	2,746	84,479.91	30.76	.006	51.70	.19
OPHTHALMOLOGICAL SERVICES	2,207	2,599	103,698.93	39.90	.006	46.99	.23
EXAMINATIONS	1,901	2,290	97,548.02	42.60	.005	51.31	.22
SERVICES AND MATERIALS	309	309	6,150.91	19.91	.001	19.91	.01
INPATIENT HOSPITAL SURGERY	3,000	17,361	1,590,411.25	91.61	.038	530.14	3.51
PRINCIPAL SURGEON	2,253	3,915	1,211,008.11	309.33	.009	537.51	2.67
ASSISTANT SURGEON	241	347	58,800.11	169.45	.001	243.98	.13
ANESTHESIOLOGIST	1,161	13,099	320,603.03	24.48	.029	276.14	.71
OUTPATIENT SURGERY	6,928	16,213	1,416,072.94	87.34	.036	204.40	3.13
PRINCIPAL SURGEON	5,876	7,799	1,176,550.95	150.86	.017	200.23	2.60
ASSISTANT SURGEON	58	58	8,349.78	143.96	.000	143.96	.02
ANESTHESIOLOGIST	1,485	8,356	231,172.21	27.67	.018	155.67	.51
DIALYSIS	1,089	6,336	270,240.09	42.65	.014	248.15	.60
PATHOLOGY	12,385	28,104	364,454.46	12.97	.062	29.43	.80
RADIOLOGY	23,782	52,273	2,287,187.81	43.75	.115	96.17	5.05
PSYCHIATRY	34	58	2,384.36	41.11	.000	70.13	.01
IMMUNIZATION AND INJECTION	4,904	34,020	1,166,435.78	34.29	.075	237.85	2.57
OTHER SERVICES/ALL X-OVERS	52,038	165,976	3,126,721.51	18.84	.366	60.09	6.90
@PHARMACY	278,507	3,726,168	\$ 104,214,048.30	\$ 27.97	8.224	\$ 374.19	\$ 230.02
PRESCRIPTION DRUGS	275,413	1,254,474	96,398,961.80	76.84	2.769	350.02	212.77
SNF/ICF	8,777	61,159	4,211,029.33	68.85	.135	479.78	9.29
OUTPATIENTS	267,910	1,193,315	92,187,932.47	77.25	2.634	344.10	203.48

MEDICAL SUPPLIES	23,714	2,471,694		7,815,086.50		3.16	5.456	329.56	17.25
@DENTIST	31,578	146,855	\$	6,306,168.04	\$	42.94	.324	\$ 199.70	\$ 13.92
VISITS - DIAGNOSTIC	20,735	93,880		1,176,466.42		12.53	.207	56.74	2.60
ORAL SURGERY	4,847	12,504		594,266.97		47.53	.028	122.61	1.31
DRUGS	59	62		1,005.00		16.21	.000	17.03	.00
ANESTHESIA	86	88		8,175.00		92.90	.000	95.06	.02
PERIODONTICS	2,673	3,031		523,609.93		172.75	.007	195.89	1.16
ENDODONTICS	2,002	3,046		697,991.70		229.15	.007	348.65	1.54
RESTORATIVE DENTISTRY	9,172	22,762		2,126,569.92		93.43	.050	231.85	4.69
PROSTHETICS	335	367		13,560.00		36.95	.001	40.48	.03
DENTURES, STAYPLATES	3,449	10,559		1,143,554.01		108.30	.023	331.56	2.52
SPACE MAINTAINERS	11	14		1,296.00		92.57	.000	117.82	.00
MAXILLOFACIAL SERVICES	28	32		4,626.34		144.57	.000	165.23	.01
FRACTURES, DISLOCATIONS	2	3		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	155	190		14,141.85		74.43	.000	91.24	.03
ALL OTHER SERVICES	241	317		904.90		2.85	.001	3.75	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 10,258
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 57 ALL DISABLED								

						----- MONTHLY AVERAGE -----		
453,063 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	10,370	34,479	\$	740,293.12	\$	71.39	\$ 1.63	
DIAGNOSTIC AND ANC. PROCED	5,920	6,035		273,376.43		46.18	.60	
EYE APPLIANCES	8,690	27,782		452,638.37		52.09	1.00	
OTHER OPTOMETRIC SERVICES	467	662		14,278.32		30.57	.03	
@CHIROPRACTOR	731	1,496	\$	24,272.64	\$	33.20	\$.05	
VISITS	696	1,431		23,566.84		33.86	.05	
OTHER SERVICES	36	65		705.80		19.61	.00	
@PODIATRIST	7,202	12,673	\$	233,489.03	\$	32.42	\$.52	
MEDICINE/INJECTIONS	2,625	3,148		81,532.34		31.06	.18	
SURGERY/ANES.	241	378		15,065.14		62.51	.03	
RADIO./PATHOLOGY	177	237		4,107.52		23.21	.01	
OTHER	4,704	8,910		132,784.03		28.23	.29	
@HOME HEALTH AGENCY	2,800	204,289	\$	6,900,853.98	\$	2464.59	\$ 15.23	
NURSE ANESTHESIST	243	2,509	\$	9,597.39	\$	39.50	\$.02	
NURSE MIDWIFE	15	71	\$	1,319.27	\$	87.95	\$.00	
PEDIATRIC NURSE PRACTITIONER	1	1	\$	37.50	\$	37.50	\$.00	
FAMILY NURSE PRACTITIONER	713	1,575	\$	36,787.70	\$	51.60	\$.08	
@TOTAL HOSPITAL	50,238	364,270	\$	51,973,662.53	\$	1034.55	\$ 114.72	
HOSP INPATIENT TOTAL	6,654	47,940		44,479,247.19		6684.59	98.17	
HSC HOSPITALS	5,219	33,638		38,936,450.96		7460.52	85.94	
NON-HSC HOSPITAL TOTAL	567	5,302		4,511,233.12		7956.32	9.96	
ACCOMMODATIONS	565	5,302		2,185,166.73		3867.55	4.82	
ADMINISTRATIVE DAYS	310	3,896		824,308.82		2659.06	1.82	
TRANSITIONAL IP CARE	0	0		125.85		.00	.00	
ALL OTHER ACCOM	261	1,406		1,360,732.06		5213.53	3.00	
ANCILLARIES	567	0		2,326,066.39		4102.41	5.13	
INPATIENT CROSSOVERS	1,118	9,000		1,031,563.11		922.69	2.28	
ALL OTHER INPATIENT	0	0		.00		.00	.00	
HOSP OUTPATIENT TOTAL	45,980	316,330		7,494,415.34		162.99	16.54	
MEDICAL	7,869	12,058		502,253.44		63.83	1.11	
SURGERY	3,126	3,542		197,253.06		63.10	.44	
PATHOLOGY	15,754	114,747		974,075.54		61.83	2.15	
RADIOLOGY	10,841	18,169		1,475,639.23		136.12	3.26	
ROOM USE	26,402	40,324		1,647,969.50		62.42	3.64	

CROSSEOVERS/ALL OTH OUTPTNT	23,662	127,490		2,697,224.57	21.16	.281	113.99	5.95
@COUNTY HOSPITAL TOTAL	433	2,221	\$	333,588.21	\$ 150.20	.005	\$ 770.41	\$.74
CO HOSPITAL INPATIENT TOTAL	57	304		280,858.90	923.88	.001	4927.35	.62
HSC HOSPITALS	48	233		261,962.02	1124.30	.001	5457.54	.58
NON-HSC HOSPITALS TOTAL	3	5		6,535.78	1307.16	.000	2178.59	.01
ACCOMMODATIONS	3	5		1,452.78	290.56	.000	484.26	.00
ADMINISTRATIVE DAYS	1	1		108.18	108.18	.000	108.18	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	4		1,344.60	336.15	.000	672.30	.00
ANCILLARIES	3	0		5,083.00	.00	.000	1694.33	.01
INPATIENT CROSSEOVERS	7	66		12,361.10	187.29	.000	1765.87	.03
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	390	1,917		52,729.31	27.51	.004	135.20	.12
MEDICAL	155	227		8,897.53	39.20	.001	57.40	.02
SURGERY	30	37		1,479.36	39.98	.000	49.31	.00
PATHOLOGY	155	691		8,966.35	12.98	.002	57.85	.02
RADIOLOGY	87	121		9,513.76	78.63	.000	109.35	.02
ROOM USE	249	354		14,337.75	40.50	.001	57.58	.03
CROSSEOVERS/ALL OTH OUTPTNT	162	487		9,534.56	19.58	.001	58.86	.02

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 57 ALL DISABLED

	453,063 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	49,911	362,049	\$	51,640,074.32	\$ 142.63	.799	\$ 1034.64	\$ 113.98
COMM HOSP INPATIENT TOTAL	6,608	47,636		44,198,388.29	927.84	.105	6688.62	97.55
HSC HOSPITALS	5,181	33,405		38,674,488.94	1157.75	.074	7464.68	85.36
NON-HSC HOSPITALS TOTAL	564	5,297		4,504,697.34	850.42	.012	7987.05	9.94
ACCOMMODATIONS	562	5,297		2,183,713.95	412.25	.012	3885.61	4.82
ADMINISTRATIVE DAYS	309	3,895		824,200.64	211.60	.009	2667.32	1.82
TRANSITIONAL IP CARE	0	0		125.85	.00	.000	.00	.00
ALL OTHER ACCOM	259	1,402		1,359,387.46	969.61	.003	5248.60	3.00
ANCILLARIES	564	0		2,320,983.39	.00	.000	4115.22	5.12
INPATIENT CROSSEOVERS	1,112	8,934		1,019,202.01	114.08	.020	916.55	2.25
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	45,674	314,413		7,441,686.03	23.67	.694	162.93	16.43
MEDICAL	7,725	11,831		493,355.91	41.70	.026	63.86	1.09
SURGERY	3,096	3,505		195,773.70	55.86	.008	63.23	.43
PATHOLOGY	15,625	114,056		965,109.19	8.46	.252	61.77	2.13
RADIOLOGY	10,769	18,048		1,466,125.47	81.23	.040	136.14	3.24
ROOM USE	26,209	39,970		1,633,631.75	40.87	.088	62.33	3.61
CROSSEOVERS/ALL OTH OUTPTNT	23,534	127,003		2,687,690.01	21.16	.280	114.20	5.93
@STATE HOSPITAL	22	1,371	\$	544,850.86	\$ 397.41	.003	\$ 24765.95	\$ 1.20
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	22	1,371		544,850.86	397.41	.003	24765.95	1.20
@NURSING FACILITY	5,888	171,990	\$	23,584,441.49	\$ 137.13	.380	\$ 4005.51	\$ 52.06
LEV A-INTERMEDIATE	160	5,314		330,195.57	62.14	.012	2063.72	.73
LEV B-REHAB MD	370	12,029		1,230,995.86	102.34	.027	3327.02	2.72
LEV B-SUBACUTE FREESTANDING	13	454		278,296.73	612.99	.001	21407.44	.61
LEV B-SUBACUTE HSPTL BASED	140	5,610		2,886,796.30	514.58	.012	20619.97	6.37
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	5,224	148,583		18,858,157.03	126.92	.328	3609.91	41.62
@INTERMEDIATE CARE FACIL.-DD	1,995	60,512	\$	7,849,042.95	\$ 129.71	.134	\$ 3934.36	\$ 17.32
ICF DDH	981	29,922		4,164,363.40	139.17	.066	4245.02	9.19
ICF DD	963	28,937		3,429,111.80	118.50	.064	3560.86	7.57

ICF DDN/DDCN	51	1,653		255,567.75		154.61	.004	5011.13	.56
@HEMODIALYSIS TOTAL	3,879	103,989	\$	5,411,685.13	\$	52.04	.230	\$ 1395.12	\$ 11.94
HOSPITAL BASED	100	2,420		413,423.71		170.84	.005	4134.24	.91
HEMODIALYSIS CENTER	3,780	101,569		4,998,261.42		49.21	.224	1322.29	11.03
@REHABILITATION FACILITY	1,721	13,127	\$	277,230.53	\$	21.12	.029	\$ 161.09	\$.61
HOSPITAL BASED	698	2,715		86,611.25		31.90	.006	124.08	.19
INDEPENDENT FACILITY	1,029	10,412		190,619.28		18.31	.023	185.25	.42
@LABORATORY FACILITY	27,098	134,315	\$	1,514,785.91	\$	11.28	.296	\$ 55.90	\$ 3.34
PATHOLOGY	26,974	133,953		1,510,104.59		11.27	.296	55.98	3.33
XO AND OTHERS	125	362		4,681.32		12.93	.001	37.45	.01
@ORGANIZED OUTPATIENT CLINIC	9,132	23,247	\$	1,113,388.96	\$	47.89	.051	\$ 121.92	\$ 2.46
CLINIC	5,375	13,587		301,207.77		22.17	.030	56.04	.66
SURGICENTER	764	3,656		152,525.25		41.72	.008	199.64	.34
HEROIN DETOX CLINIC	82	1,143		12,723.54		11.13	.003	155.17	.03
RURAL HEALTH CLINIC	2,965	4,861		646,932.40		133.09	.011	218.19	1.43

#CALIF DEPT OF HEALTH SERV MOP024 SACRAMENTO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 57 ALL DISABLED

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		----- MONTHLY AVERAGE -----						
453,063 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	68,566	9,424,975	\$ 20,191,240.31	\$ 2.14	20.803	\$ 294.48	\$ 44.57	
DURABLE MED. EQUIP.	6,977	31,710	4,458,659.04	140.61	.070	639.05	9.84	
BLOOD BANK	17	291	4,628.90	15.91	.001	272.29	.01	
HEARING AID DISPENSERS	219	277	46,210.75	166.83	.001	211.01	.10	
MEDICAL TRANSPORTATION	13,668	705,390	3,461,846.68	4.91	1.557	253.28	7.64	
AMBULANCES/AIR TRANS	5,642	51,962	1,009,248.69	19.42	.115	178.88	2.23	
OTHER TRANS	4,915	616,362	2,134,719.10	3.46	1.360	434.33	4.71	
OTHER SERVICES	3,767	37,066	317,878.89	8.58	.082	84.39	.70	
ACUPUNCTURE	2,201	5,188	90,850.33	17.51	.011	41.28	.20	
ADULT DAY HEALTH CARE CTR	2,125	29,483	1,967,920.02	66.75	.065	926.08	4.34	
GENETIC DISEASE TESTING	171	173	14,184.00	81.99	.000	82.95	.03	
IHMC,MODEL-NF,NF,AIDS,MSSP	2,186	75,020	2,774,520.93	36.98	.166	1269.22	6.12	
OCCUPATIONAL THERAPIST	124	2,524	11,032.18	4.37	.006	88.97	.02	
OPTICIAN	12,067	29,073	356,763.45	12.27	.064	29.57	.79	
PHYSICAL THERAPIST	214	1,249	20,566.71	16.47	.003	96.11	.05	
PORTABLE X-RAY	116	278	5,463.90	19.65	.001	47.10	.01	
PROSTHETIST/ORTHOTISTS	1,885	5,114	404,700.10	79.14	.011	214.70	.89	
PROSTHETICS	1,532	4,605	371,701.52	80.72	.010	242.63	.82	
ORTHOTICS	389	509	32,998.58	64.83	.001	84.83	.07	
PSYCHOLOGIST	147	292	9,171.50	31.41	.001	62.39	.02	
SPEECH AND AUDIOLOGY	5,221	20,108	867,271.91	43.13	.044	166.11	1.91	
HOSPICE SERVICES	263	5,942	785,718.08	132.23	.013	2987.52	1.73	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	10,948	266,457	2,027,673.35	7.61	.588	185.21	4.48	
EPSDT SUPPLEMENTAL SERVICE	4	1,360	30,192.00	22.20	.003	7548.00	.07	
RESPIRATORY CARE PRACT.	1	1	26.80	26.80	.000	26.80	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	18,651	8,245,046	2,853,866.48	.35	18.198	153.01	6.30	
@CALIF. CHILDREN SERVICES*	7,881	306,801	\$ 15,581,897.18	\$ 50.79	.677	\$ 1977.15	\$ 34.39	
@XOVER EXCLUDING STATE HOSP**	52,541	644,381	\$ 7,550,090.69	\$ 11.72	1.422	\$ 143.70	\$ 16.66	

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SACRAMENTO COUNTY

SUMMARY OF SERVICES FOR 58 ALL FAMILIES

306,757 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	182,356	1,012,752	\$ 53,514,841.43	\$ 52.84	3.301	\$ 293.46	\$ 174.45
@PHYSICIANS SERVICES	49,824	157,725	\$ 8,849,540.62	\$ 56.11	.514	\$ 177.62	\$ 28.85
OUTPATIENT VISITS	36,223	59,355	2,239,383.38	37.73	.193	61.82	7.30
OFFICE VISITS	21,648	27,322	1,012,346.05	37.05	.089	46.76	3.30
HOME VISITS	251	301	11,252.98	37.39	.001	44.83	.04
EMERGENCY ROOM	8,994	9,881	511,727.41	51.79	.032	56.90	1.67
PREVENTIVE CARE	251	256	9,759.62	38.12	.001	38.88	.03
OB VISITS/COMPRE PERI	4,146	17,814	579,162.73	32.51	.058	139.69	1.89
OTHER OUTPATIENT	3,211	3,781	115,134.59	30.45	.012	35.86	.38
INPATIENT VISITS	4,309	21,396	1,943,229.17	90.82	.070	450.97	6.33
HOSPITAL VISITS	3,766	13,037	642,927.70	49.32	.042	170.72	2.10
CRITICAL CARE	939	8,292	1,298,309.14	156.57	.027	1382.65	4.23
SNF/ICF/TRANS IP CARE	12	67	1,992.33	29.74	.000	166.03	.01
OPHTHALMOLOGICAL SERVICES	565	716	32,241.20	45.03	.002	57.06	.11
EXAMINATIONS	507	658	31,092.76	47.25	.002	61.33	.10
SERVICES AND MATERIALS	58	58	1,148.44	19.80	.000	19.80	.00
INPATIENT HOSPITAL SURGERY	3,671	18,328	2,257,524.48	123.17	.060	614.96	7.36
PRINCIPAL SURGEON	2,512	3,416	1,804,065.26	528.12	.011	718.18	5.88
ASSISTANT SURGEON	294	295	60,640.51	205.56	.001	206.26	.20
ANESTHESIOLOGIST	1,613	14,617	392,818.71	26.87	.048	243.53	1.28
OUTPATIENT SURGERY	3,146	7,746	616,907.97	79.64	.025	196.09	2.01
PRINCIPAL SURGEON	2,627	3,262	483,508.17	148.22	.011	184.05	1.58
ASSISTANT SURGEON	17	17	3,005.12	176.77	.000	176.77	.01
ANESTHESIOLOGIST	940	4,467	130,394.68	29.19	.015	138.72	.43
DIALYSIS	75	371	22,280.32	60.05	.001	297.07	.07
PATHOLOGY	4,996	9,749	156,645.41	16.07	.032	31.35	.51
RADIOLOGY	10,198	19,758	759,079.90	38.42	.064	74.43	2.47
PSYCHIATRY	54	103	4,214.73	40.92	.000	78.05	.01

IMMUNIZATION AND INJECTION	1,229	4,278		154,301.59		36.07	.014	125.55	.50
OTHER SERVICES/ALL X-OVERS	6,451	15,925		663,732.47		41.68	.052	102.89	2.16
@PHARMACY	43,331	114,138	\$	6,070,370.41	\$	53.18	.372	\$ 140.09	\$ 19.79
PRESCRIPTION DRUGS	42,685	92,043		5,510,746.15		59.87	.300	129.10	17.96
SNF/ICF	54	254		23,359.49		91.97	.001	432.58	.08
OUTPATIENTS	42,640	91,789		5,487,386.66		59.78	.299	128.69	17.89
MEDICAL SUPPLIES	1,973	22,095		559,624.26		25.33	.072	283.64	1.82
@DENTIST	13,489	75,042	\$	1,935,135.50	\$	25.79	.245	\$ 143.46	\$ 6.31
VISITS - DIAGNOSTIC	10,100	51,026		647,346.63		12.69	.166	64.09	2.11
ORAL SURGERY	1,855	3,463		160,355.30		46.31	.011	86.44	.52
DRUGS	137	159		2,850.00		17.92	.001	20.80	.01
ANESTHESIA	40	40		3,199.00		79.98	.000	79.98	.01
PERIODONTICS	380	417		41,992.25		100.70	.001	110.51	.14
ENDODONTICS	1,044	2,056		240,959.25		117.20	.007	230.80	.79
RESTORATIVE DENTISTRY	4,897	15,806		758,050.75		47.96	.052	154.80	2.47
PROSTHETICS	51	59		1,420.00		24.07	.000	27.84	.00
DENTURES, STAYPLATES	123	548		21,236.40		38.75	.002	172.65	.07
SPACE MAINTAINERS	80	109		8,269.93		75.87	.000	103.37	.03
MAXILLOFACIAL SERVICES	52	54		2,156.15		39.93	.000	41.46	.01
FRACTURES, DISLOCATIONS	1	1		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	507	915		45,704.84		49.95	.003	90.15	.15
ALL OTHER SERVICES	254	389		1,595.00		4.10	.001	6.28	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								
MOP024	FEE-FOR-SERVICE/DENTAL								
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 58 ALL FAMILIES								

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	306,757 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2,470	7,436	\$	174,081.30	\$ 23.41	.024	\$ 70.48	\$.57
DIAGNOSTIC AND ANC. PROCED	2,012	2,083		94,394.16	45.32	.007	46.92	.31
EYE APPLIANCES	1,825	5,321		78,006.91	14.66	.017	42.74	.25
OTHER OPTOMETRIC SERVICES	32	32		1,680.23	52.51	.000	52.51	.01
@CHIROPRACTOR	34	68	\$	1,111.88	\$ 16.35	.000	\$ 32.70	\$.00
VISITS	34	68		1,111.88	16.35	.000	32.70	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	131	218	\$	10,000.66	\$ 45.87	.001	\$ 76.34	\$.03
MEDICINE/INJECTIONS	108	132		4,826.63	36.57	.000	44.69	.02
SURGERY/ANES.	25	32		2,723.09	85.10	.000	108.92	.01
RADIO./PATHOLOGY	12	21		365.02	17.38	.000	30.42	.00
OTHER	20	33		2,085.92	63.21	.000	104.30	.01
@HOME HEALTH AGENCY	638	11,063	\$	420,086.75	\$ 37.97	.036	\$ 658.44	\$ 1.37
NURSE ANESTHESIST	2	10	\$	226.57	\$ 22.66	.000	\$ 113.29	\$.00
NURSE MIDWIFE	79	726	\$	22,700.34	\$ 31.27	.002	\$ 287.35	\$.07
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	126	226	\$	6,245.40	\$ 27.63	.001	\$ 49.57	\$.02
@TOTAL HOSPITAL	23,836	113,530	\$	29,217,936.58	\$ 257.36	.370	\$ 1225.79	\$ 95.25
HOSP INPATIENT TOTAL	4,079	21,865		26,697,528.28	1221.02	.071	6545.12	87.03
HSC HOSPITALS	3,908	20,629		25,350,998.69	1228.90	.067	6486.95	82.64
NON-HSC HOSPITAL TOTAL	182	1,192		1,343,016.89	1126.69	.004	7379.21	4.38
ACCOMMODATIONS	177	1,192		780,425.74	654.72	.004	4409.18	2.54
ADMINISTRATIVE DAYS	15	229		51,614.72	225.39	.001	3440.98	.17
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	162	963		728,811.02	756.81	.003	4498.83	2.38
ANCILLARIES	181	0		562,591.15	.00	.000	3108.24	1.83
INPATIENT CROSSOVERS	5	44		3,512.70	79.83	.000	702.54	.01
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	20,877	91,665	2,520,408.30	27.50	.299	120.73	8.22
MEDICAL	2,536	3,309	160,850.16	48.61	.011	63.43	.52
SURGERY	1,866	2,288	97,595.40	42.66	.007	52.30	.32
PATHOLOGY	6,880	37,670	362,856.79	9.63	.123	52.74	1.18
RADIOLOGY	4,903	6,949	516,968.84	74.39	.023	105.44	1.69
ROOM USE	15,108	19,651	767,731.19	39.07	.064	50.82	2.50
CROSSOVERS/ALL OTH OUTPTNT	8,249	21,798	614,405.92	28.19	.071	74.48	2.00
@COUNTY HOSPITAL TOTAL	345	1,699	\$ 337,852.47	\$ 198.85	.006	\$ 979.28	\$ 1.10
CO HOSPITAL INPATIENT TOTAL	47	269	292,313.73	1086.67	.001	6219.44	.95
HSC HOSPITALS	47	264	288,366.32	1092.30	.001	6135.45	.94
NON-HSC HOSPITALS TOTAL	1	5	3,947.41	789.48	.000	3947.41	.01
ACCOMMODATIONS	1	5	1,156.50	231.30	.000	1156.50	.00
ADMINISTRATIVE DAYS	1	5	1,156.50	231.30	.000	1156.50	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	2,790.91	.00	.000	2790.91	.01
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	311	1,430	45,538.74	31.85	.005	146.43	.15
MEDICAL	73	87	3,938.71	45.27	.000	53.95	.01
SURGERY	62	87	3,998.94	45.96	.000	64.50	.01
PATHOLOGY	129	586	8,909.40	15.20	.002	69.07	.03
RADIOLOGY	66	87	7,032.44	80.83	.000	106.55	.02
ROOM USE	169	263	12,690.92	48.25	.001	75.09	.04
CROSSOVERS/ALL OTH OUTPTNT	154	320	8,968.33	28.03	.001	58.24	.03
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SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 58 ALL FAMILIES						

					----- MONTHLY AVERAGE -----		
306,757 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	23,534	111,831	\$ 28,880,084.11	\$ 258.25	.365	\$ 1227.16	\$ 94.15
COMM HOSP INPATIENT TOTAL	4,034	21,596	26,405,214.55	1222.69	.070	6545.67	86.08
HSC HOSPITALS	3,863	20,365	25,062,632.37	1230.67	.066	6487.87	81.70
NON-HSC HOSPITALS TOTAL	181	1,187	1,339,069.48	1128.11	.004	7398.17	4.37
ACCOMMODATIONS	176	1,187	779,269.24	656.50	.004	4427.67	2.54
ADMINISTRATIVE DAYS	14	224	50,458.22	225.26	.001	3604.16	.16
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	162	963	728,811.02	756.81	.003	4498.83	2.38
ANCILLARIES	180	0	559,800.24	.00	.000	3110.00	1.82
INPATIENT CROSSOVERS	5	44	3,512.70	79.83	.000	702.54	.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	20,601	90,235	2,474,869.56	27.43	.294	120.13	8.07
MEDICAL	2,464	3,222	156,911.45	48.70	.011	63.68	.51
SURGERY	1,807	2,201	93,596.46	42.52	.007	51.80	.31
PATHOLOGY	6,760	37,084	353,947.39	9.54	.121	52.36	1.15
RADIOLOGY	4,840	6,862	509,936.40	74.31	.022	105.36	1.66
ROOM USE	14,953	19,388	755,040.27	38.94	.063	50.49	2.46
CROSSOVERS/ALL OTH OUTPTNT	8,098	21,478	605,437.59	28.19	.070	74.76	1.97
@STATE HOSPITAL	11	410	\$ 201,877.52	\$ 492.38	.001	\$ 18352.50	\$.66
MENTALLY ILL	11	410	201,877.52	492.38	.001	18352.50	.66
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	23	720	\$ 265,722.53	\$ 369.06	.002	\$ 11553.15	\$.87
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	7	249	148,538.27	596.54	.001	21219.75	.48

LEV B-SUBACUTE HSPTL BASED	5	102		53,241.24	521.97	.000	10648.25	.17
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	11	369		63,943.02	173.29	.001	5813.00	.21
@INTERMEDIATE CARE FACIL.-DD	1	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	1	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	124	8,008	\$	274,143.95	34.23	.026	2210.84	.89
HOSPITAL BASED	2	28		5,234.01	186.93	.000	2617.01	.02
HEMODIALYSIS CENTER	123	7,980		268,909.94	33.70	.026	2186.26	.88
@REHABILITATION FACILITY	461	2,652	\$	63,927.57	24.11	.009	138.67	.21
HOSPITAL BASED	257	746		32,001.87	42.90	.002	124.52	.10
INDEPENDENT FACILITY	205	1,906		31,925.70	16.75	.006	155.74	.10
@LABORATORY FACILITY	10,720	35,635	\$	494,611.75	13.88	.116	46.14	1.61
PATHOLOGY	10,720	35,635		494,611.75	13.88	.116	46.14	1.61
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	10,595	34,869	\$	1,382,045.45	39.64	.114	130.44	4.51
CLINIC	7,226	27,343		654,041.85	23.92	.089	90.51	2.13
SURGICENTER	266	1,772		55,892.79	31.54	.006	210.12	.18
HEROIN DETOX CLINIC	37	507		5,563.89	10.97	.002	150.38	.02
RURAL HEALTH CLINIC	3,108	5,247		666,546.92	127.03	.017	214.46	2.17
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 58 ALL FAMILIES

					----- MONTHLY AVERAGE -----			
306,757 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	78,930	450,276	\$ 4,125,076.65	\$ 9.16	1.468	\$ 52.26	\$ 13.45	
DURABLE MED. EQUIP.	677	2,479	192,947.02	77.83	.008	285.00	.63	
BLOOD BANK	0	0	76.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	5	12	600.77	50.06	.000	120.15	.00	
MEDICAL TRANSPORTATION	1,426	21,565	313,458.94	14.54	.070	219.82	1.02	
AMBULANCES/AIR TRANS	1,386	15,883	244,734.23	15.41	.052	176.58	.80	
OTHER TRANS	36	5,613	14,526.66	2.59	.018	403.52	.05	
OTHER SERVICES	38	69	54,198.05	785.48	.000	1426.26	.18	
ACUPUNCTURE	11	25	502.79	20.11	.000	45.71	.00	
ADULT DAY HEALTH CARE CTR	11	241	16,046.13	66.58	.001	1458.74	.05	
GENETIC DISEASE TESTING	3,498	3,517	275,070.00	78.21	.011	78.64	.90	
IHMC, MODEL-NF, NF, AIDS, MSSP	79	426	43,856.67	102.95	.001	555.15	.14	
OCCUPATIONAL THERAPIST	1	62	173.35	2.80	.000	173.35	.00	
OPTICIAN	15,957	34,184	319,238.44	9.34	.111	20.01	1.04	
PHYSICAL THERAPIST	12	77	1,540.41	20.01	.000	128.37	.01	
PORTABLE X-RAY	2	3	65.80	21.93	.000	32.90	.00	
PROSTHETIST/ORTHOTISTS	235	464	41,580.33	89.61	.002	176.94	.14	
PROSTHETICS	132	342	31,561.04	92.28	.001	239.10	.10	
ORTHOTICS	116	122	10,019.29	82.13	.000	86.37	.03	
PSYCHOLOGIST	125	612	32,562.55	53.21	.002	260.50	.11	
SPEECH AND AUDIOLOGY	157	509	23,449.94	46.07	.002	149.36	.08	
HOSPICE SERVICES	5	65	8,740.80	134.47	.000	1748.16	.03	
NONINST BIRTHING CENTERS	6	6	6,043.38	1007.23	.000	1007.23	.02	
LOCAL EDUCATION AGENCIES	57,128	275,333	2,794,235.70	10.15	.898	48.91	9.11	
EPSDT SUPPLEMENTAL SERVICE	2	27	595.56	22.06	.000	297.78	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	231	110,669	54,292.07	.49	.361	235.03	.18	
@CALIF. CHILDREN SERVICES*	9,079	128,240	\$ 18,468,821.45	\$ 144.02	.418	\$ 2034.24	\$ 60.21	

@XOVER EXCLUDING STATE HOSP** 147 1,539 \$ 31,220.36 \$ 20.29 .005 \$ 212.38 \$.10

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

	40,801 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	16,281	297,742	\$	6,917,257.05	\$ 23.23	7.297	\$ 424.87	\$ 169.54
@PHYSICIANS SERVICES	6,750	20,600	\$	1,012,468.91	\$ 49.15	.505	\$ 150.00	\$ 24.81
OUTPATIENT VISITS	4,901	8,445		301,023.62	35.65	.207	61.42	7.38
OFFICE VISITS	2,856	3,618		124,324.53	34.36	.089	43.53	3.05
HOME VISITS	15	15		559.56	37.30	.000	37.30	.01
EMERGENCY ROOM	1,142	1,255		64,811.00	51.64	.031	56.75	1.59
PREVENTIVE CARE	15	15		678.63	45.24	.000	45.24	.02
OB VISITS/COMPRE PERI	761	3,076		98,278.93	31.95	.075	129.14	2.41
OTHER OUTPATIENT	393	466		12,370.97	26.55	.011	31.48	.30
INPATIENT VISITS	489	1,657		129,894.21	78.39	.041	265.63	3.18
HOSPITAL VISITS	384	1,052		50,309.76	47.82	.026	131.02	1.23
CRITICAL CARE	71	488		75,935.82	155.61	.012	1069.52	1.86
SNF/ICF/TRANS IP CARE	67	117		3,648.63	31.18	.003	54.46	.09
OPHTHALMOLOGICAL SERVICES	72	91		3,926.24	43.15	.002	54.53	.10
EXAMINATIONS	65	84		3,826.59	45.55	.002	58.87	.09
SERVICES AND MATERIALS	7	7		99.65	14.24	.000	14.24	.00
INPATIENT HOSPITAL SURGERY	508	3,091		317,816.53	102.82	.076	625.62	7.79
PRINCIPAL SURGEON	324	456		245,712.85	538.84	.011	758.37	6.02
ASSISTANT SURGEON	45	45		7,859.53	174.66	.001	174.66	.19
ANESTHESIOLOGIST	255	2,590		64,244.15	24.80	.063	251.94	1.57
OUTPATIENT SURGERY	537	1,178		87,266.01	74.08	.029	162.51	2.14
PRINCIPAL SURGEON	452	550		69,639.38	126.62	.013	154.07	1.71
ASSISTANT SURGEON	3	3		500.00	166.67	.000	166.67	.01
ANESTHESIOLOGIST	153	625		17,126.63	27.40	.015	111.94	.42
DIALYSIS	1	4		403.24	100.81	.000	403.24	.01
PATHOLOGY	676	1,187		17,969.15	15.14	.029	26.58	.44
RADIOLOGY	1,532	2,620		101,591.79	38.78	.064	66.31	2.49
PSYCHIATRY	11	17		589.96	34.70	.000	53.63	.01
IMMUNIZATION AND INJECTION	161	500		7,407.13	14.81	.012	46.01	.18
OTHER SERVICES/ALL X-OVERS	668	1,810		44,581.03	24.63	.044	66.74	1.09
@PHARMACY	6,768	34,661	\$	951,507.51	\$ 27.45	.850	\$ 140.59	\$ 23.32
PRESCRIPTION DRUGS	6,685	15,640		896,392.04	57.31	.383	134.09	21.97
SNF/ICF	167	1,564		88,030.03	56.29	.038	527.13	2.16
OUTPATIENTS	6,537	14,076		808,362.01	57.43	.345	123.66	19.81
MEDICAL SUPPLIES	309	19,021		55,115.47	2.90	.466	178.37	1.35
@DENTIST	1,661	8,923	\$	255,612.54	\$ 28.65	.219	\$ 153.89	\$ 6.26
VISITS - DIAGNOSTIC	1,247	5,967		85,310.28	14.30	.146	68.41	2.09
ORAL SURGERY	226	428		26,593.00	62.13	.010	117.67	.65
DRUGS	46	50		1,015.00	20.30	.001	22.07	.02
ANESTHESIA	4	5		200.00	40.00	.000	50.00	.00
PERIODONTICS	19	23		2,811.00	122.22	.001	147.95	.07
ENDODONTICS	93	160		25,401.05	158.76	.004	273.13	.62
RESTORATIVE DENTISTRY	598	2,064		101,348.50	49.10	.051	169.48	2.48
PROSTHETICS	3	4		60.00	15.00	.000	20.00	.00
DENTURES, STAYPLATES	7	27		2,714.00	100.52	.001	387.71	.07
SPACE MAINTAINERS	25	32		2,771.00	86.59	.001	110.84	.07

MAXILLOFACIAL SERVICES	2	3	100.00	33.33	.000	50.00	.00
FRACTURES, DISLOCATIONS	1	1	800.00	800.00	.000	800.00	.02
ORTHODONTIC SERVICES	65	124	6,413.71	51.72	.003	98.67	.16
ALL OTHER SERVICES	15	35	75.00	2.14	.001	5.00	.00

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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

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40,801 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	285	813	\$ 19,038.49	\$ 23.42	.020	\$ 66.80	\$.47
DIAGNOSTIC AND ANC. PROCED	221	223	10,371.00	46.51	.005	46.93	.25
EYE APPLIANCES	204	585	8,502.28	14.53	.014	41.68	.21
OTHER OPTOMETRIC SERVICES	5	5	165.21	33.04	.000	33.04	.00
@CHIROPRACTOR	56	99	\$ 1,655.28	\$ 16.72	.002	\$ 29.56	\$.04
VISITS	56	99	1,655.28	16.72	.002	29.56	.04
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	15	28	\$ 930.77	\$ 33.24	.001	\$ 62.05	\$.02
MEDICINE/INJECTIONS	13	13	529.09	40.70	.000	40.70	.01
SURGERY/ANES.	6	9	199.08	22.12	.000	33.18	.00
RADIO./PATHOLOGY	1	2	34.60	17.30	.000	34.60	.00
OTHER	2	4	168.00	42.00	.000	84.00	.00
@HOME HEALTH AGENCY	91	5,924	\$ 185,756.51	\$ 31.36	.145	\$ 2041.28	\$ 4.55
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	25	288	\$ 7,628.93	\$ 26.49	.007	\$ 305.16	\$.19
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	9	23	\$ 561.85	\$ 24.43	.001	\$ 62.43	\$.01
@TOTAL HOSPITAL	3,221	15,708	\$ 2,713,847.80	\$ 172.77	.385	\$ 842.55	\$ 66.51
HOSP INPATIENT TOTAL	452	2,029	2,384,911.60	1175.41	.050	5276.35	58.45
HSC HOSPITALS	433	1,952	2,317,252.13	1187.12	.048	5351.62	56.79
NON-HSC HOSPITAL TOTAL	18	51	66,035.47	1294.81	.001	3668.64	1.62
ACCOMMODATIONS	18	51	24,164.88	473.82	.001	1342.49	.59

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	51	24,164.88	473.82	.001	1342.49	.59
ANCILLARIES	18	0	41,870.59	.00	.000	2326.14	1.03
INPATIENT CROSSOVERS	2	26	1,624.00	62.46	.001	812.00	.04
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,911	13,679	328,936.20	24.05	.335	113.00	8.06
MEDICAL	353	502	19,398.61	38.64	.012	54.95	.48
SURGERY	317	376	15,070.88	40.08	.009	47.54	.37
PATHOLOGY	1,066	5,263	54,701.50	10.39	.129	51.31	1.34
RADIOLOGY	722	999	63,944.03	64.01	.024	88.57	1.57
ROOM USE	2,038	2,712	106,712.17	39.35	.066	52.36	2.62
CROSSOVERS/ALL OTH OUTPTNT	1,143	3,827	69,109.01	18.06	.094	60.46	1.69
@COUNTY HOSPITAL TOTAL	50	265	\$ 14,414.78	\$ 54.40	.006	\$ 288.30	\$.35
CO HOSPITAL INPATIENT TOTAL	1	6	6,288.00	1048.00	.000	6288.00	.15
HSC HOSPITALS	1	6	6,288.00	1048.00	.000	6288.00	.15
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	49	259	8,126.78	31.38	.006	165.85	.20
MEDICAL	13	18	911.20	50.62	.000	70.09	.02
SURGERY	12	18	932.00	51.78	.000	77.67	.02
PATHOLOGY	27	105	1,813.68	17.27	.003	67.17	.04
RADIOLOGY	8	12	943.47	78.62	.000	117.93	.02
ROOM USE	35	59	2,907.62	49.28	.001	83.07	.07
CROSSOVERS/ALL OTH OUTPTNT	20	47	618.81	13.17	.001	30.94	.02

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
40,801 ELIGIBLES					----- MONTHLY AVERAGE -----		
@COMMUNITY HOSPITAL TOTAL	3,181	15,443	\$ 2,699,433.02	\$ 174.80	.378	\$ 848.61	\$ 66.16
COMM HOSP INPATIENT TOTAL	451	2,023	2,378,623.60	1175.79	.050	5274.11	58.30
HSC HOSPITALS	432	1,946	2,310,964.13	1187.55	.048	5349.45	56.64
NON-HSC HOSPITALS TOTAL	18	51	66,035.47	1294.81	.001	3668.64	1.62
ACCOMMODATIONS	18	51	24,164.88	473.82	.001	1342.49	.59
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	51	24,164.88	473.82	.001	1342.49	.59
ANCILLARIES	18	0	41,870.59	.00	.000	2326.14	1.03
INPATIENT CROSSOVERS	2	26	1,624.00	62.46	.001	812.00	.04
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,872	13,420	320,809.42	23.91	.329	111.70	7.86
MEDICAL	340	484	18,487.41	38.20	.012	54.37	.45
SURGERY	305	358	14,138.88	39.49	.009	46.36	.35
PATHOLOGY	1,040	5,158	52,887.82	10.25	.126	50.85	1.30
RADIOLOGY	716	987	63,000.56	63.83	.024	87.99	1.54
ROOM USE	2,010	2,653	103,804.55	39.13	.065	51.64	2.54
CROSSOVERS/ALL OTH OUTPTNT	1,123	3,780	68,490.20	18.12	.093	60.99	1.68
@STATE HOSPITAL	10	341	\$ 151,275.68	\$ 443.62	.008	\$ 15127.57	\$ 3.71

MENTALLY ILL	10	341		151,275.68		443.62	.008	15127.57		3.71
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	156	7,023	\$	1,084,215.41	\$	154.38	.172	\$ 6950.10	\$	26.57
LEV A-INTERMEDIATE	3	183		9,824.60		53.69	.004	3274.87		.24
LEV B-REHAB MD	7	395		45,284.30		114.64	.010	6469.19		1.11
LEV B-SUBACUTE FREESTANDING	2	57		21,520.26		377.55	.001	10760.13		.53
LEV B-SUBACUTE HSPTL BASED	11	484		252,742.15		522.19	.012	22976.56		6.19
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	133	5,904		754,844.10		127.85	.145	5675.52		18.50
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	70	707	\$	13,948.05	\$	19.73	.017	\$ 199.26	\$	.34
HOSPITAL BASED	37	135		4,554.42		33.74	.003	123.09		.11
INDEPENDENT FACILITY	33	572		9,393.63		16.42	.014	284.66		.23
@LABORATORY FACILITY	1,606	4,922	\$	71,311.50	\$	14.49	.121	\$ 44.40	\$	1.75
PATHOLOGY	1,606	4,922		71,311.50		14.49	.121	44.40		1.75
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,180	4,531	\$	161,992.43	\$	35.75	.111	\$ 137.28	\$	3.97
CLINIC	773	3,623		98,503.51		27.19	.089	127.43		2.41
SURGICENTER	53	398		12,661.27		31.81	.010	238.89		.31
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	356	510		50,827.65		99.66	.012	142.77		1.25

#CALIF DEPT OF HEALTH SERV MOP024 SACRAMENTO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

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	40,801 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,885	193,151	\$	285,505.39	\$ 1.48	4.734	\$ 151.46	\$ 7.00
DURABLE MED. EQUIP.	84	289		61,656.68	213.34	.007	734.01	1.51
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	205	2,559		46,230.49	18.07	.063	225.51	1.13
AMBULANCES/AIR TRANS	187	2,212		34,237.21	15.48	.054	183.09	.84
OTHER TRANS	22	337		1,129.43	3.35	.008	51.34	.03
OTHER SERVICES	7	10		10,863.85	1086.39	.000	1551.98	.27
ACUPUNCTURE	4	11		178.42	16.22	.000	44.61	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	419	422		35,182.00	83.37	.010	83.97	.86
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	5	31		569.55	18.37	.001	113.91	.01
OPTICIAN	480	1,064		9,276.83	8.72	.026	19.33	.23
PHYSICAL THERAPIST	10	52		954.50	18.36	.001	95.45	.02
PORTABLE X-RAY	2	4		120.52	30.13	.000	60.26	.00
PROSTHETIST/ORTHOTISTS	32	112		12,721.05	113.58	.003	397.53	.31
PROSTHETICS	21	98		11,662.85	119.01	.002	555.37	.29
ORTHOTICS	12	14		1,058.20	75.59	.000	88.18	.03
PSYCHOLOGIST	3	18		1,367.62	75.98	.000	455.87	.03
SPEECH AND AUDIOLOGY	26	56		3,188.05	56.93	.001	122.62	.08
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	2	2		2,014.46	1007.23	.000	1007.23	.05

LOCAL EDUCATION AGENCIES	490	12,089		62,954.91	5.21	.296	128.48	1.54
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	173	176,442		49,090.31	.28	4.324	283.76	1.20
@CALIF. CHILDREN SERVICES*	669	9,096	\$	1,409,354.36	\$ 154.94	.223	\$ 2106.66	\$ 34.54
@XOVER EXCLUDING STATE HOSP**	10	26	\$	1,852.52	\$ 71.25	.001	\$ 185.25	\$.05

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,269
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS

AID CODES

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	9	242	\$ 19,160.32	\$ 79.17	48.400	\$ 2128.92	\$ 3832.06
@PHYSICIANS SERVICES	6	45	\$ 3,111.64	\$ 69.15	9.000	\$ 518.61	\$ 622.33
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	2	109.54	54.77	.400	54.77	21.91
HOSPITAL VISITS	2	2	109.54	54.77	.400	54.77	21.91
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	3	532.20	177.40	.600	177.40	106.44
PRINCIPAL SURGEON	3	3	532.20	177.40	.600	177.40	106.44
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	3	942.21	314.07	.600	942.21	188.44
PRINCIPAL SURGEON	1	3	942.21	314.07	.600	942.21	188.44
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	2	21	989.06	47.10	4.200	494.53	197.81
PATHOLOGY	2	8	368.43	46.05	1.600	184.22	73.69
RADIOLOGY	3	6	145.60	24.27	1.200	48.53	29.12
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	2	24.60	12.30	.400	24.60	4.92
@PHARMACY	1	1	\$ 9.43	\$ 9.43	.200	\$ 9.43	\$ 1.89
PRESCRIPTION DRUGS	1	1	9.43	9.43	.200	9.43	1.89
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1	1	9.43	9.43	.200	9.43	1.89
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,270
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS AID CODES

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3	34	\$ 10,545.89	\$ 310.17	6.800	\$ 3515.30	\$ 2109.18
HOSP INPATIENT TOTAL	2	9	9,950.22	1105.58	1.800	4975.11	1990.04
HSC HOSPITALS	2	9	9,950.22	1105.58	1.800	4975.11	1990.04
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	25	595.67	23.83	5.000	595.67	119.13
MEDICAL	1	1	16.46	16.46	.200	16.46	3.29
SURGERY	1	1	85.21	85.21	.200	85.21	17.04
PATHOLOGY	1	12	58.06	4.84	2.400	58.06	11.61
RADIOLOGY	1	1	17.11	17.11	.200	17.11	3.42
ROOM USE	1	7	386.76	55.25	1.400	386.76	77.35
CROSSOVERS/ALL OTH OUTPTNT	1	3	32.07	10.69	.600	32.07	6.41
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,271
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS AID CODES

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	34	\$ 10,545.89	\$ 310.17	6.800 \$ 3515.30 \$ 2109.18
COMM HOSP INPATIENT TOTAL	2	9	9,950.22	1105.58	1.800 4975.11 1990.04
HSC HOSPITALS	2	9	9,950.22	1105.58	1.800 4975.11 1990.04
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	0	0	.00	.00	.000 .00 .00
ANCILLARIES	0	0	.00	.00	.000 .00 .00
INPATIENT CROSSOVERS	0	0	.00	.00	.000 .00 .00
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
COMM HOSP OUTPATIENT TOTAL	1	25	595.67	23.83	5.000 595.67 119.13
MEDICAL	1	1	16.46	16.46	.200 16.46 3.29

SURGERY	1	1		85.21	85.21	.200	85.21	17.04
PATHOLOGY	1	12		58.06	4.84	2.400	58.06	11.61
RADIOLOGY	1	1		17.11	17.11	.200	17.11	3.42
ROOM USE	1	7		386.76	55.25	1.400	386.76	77.35
CROSSOVERS/ALL OTH OUTPTNT	1	3		32.07	10.69	.600	32.07	6.41
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	4	149	\$	5,334.24	35.80	29.800	1333.56	1066.85
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	4	149		5,334.24	35.80	29.800	1333.56	1066.85
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	13	\$	159.12	12.24	2.600	159.12	31.82
PATHOLOGY	1	13		159.12	12.24	2.600	159.12	31.82
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	.00	.000	.00	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
SACRAMENTO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS

PAGE 10,272
01/17/03

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODES			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	3	3	\$ 1,536.65	\$ 512.22	.600	\$ 512.22	\$ 307.33

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION AID CODES

PAGE 10,273
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$	.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$	.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000		.00	.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000		.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$	.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000		.00	.00
SNF/ICF	0	0	.00	.00	.000		.00	.00
OUTPATIENTS	0	0	.00	.00	.000		.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,274
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION AID CODES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SACRAMENTO COUNTY

SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION

AID CODES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION AID CODES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 10,277
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 62 IRCA ALIENS	AID CODES 51 52 56	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$.00	.000	\$.00
@PHYSICIANS SERVICES	0	0 \$	.00	\$.00	.000	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00
OFFICE VISITS	0	0	.00	.00	.000	.00
HOME VISITS	0	0	.00	.00	.000	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00
CRITICAL CARE	0	0	.00	.00	.000	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00
EXAMINATIONS	0	0	.00	.00	.000	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
DIALYSIS	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
PSYCHIATRY	0	0	.00	.00	.000	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
MOP024	FEE-FOR-SERVICE/DENTAL							
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 62 IRCA ALIENS							
	AID CODES 51 52 56							

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,279
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 62 IRCA ALIENS AID CODES 51 52 56

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 10,280
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 62 IRCA ALIENS							AID CODES 51 52 56

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,281
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

						----- MONTHLY AVERAGE -----		
16,230 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	5,945	47,460	\$ 4,815,868.23	\$ 101.47	2.924	\$ 810.07	\$ 296.73	
@PHYSICIANS SERVICES	3,397	15,734	\$ 923,535.77	\$ 58.70	.969	\$ 271.87	\$ 56.90	
OUTPATIENT VISITS	1,855	6,465	199,479.86	30.86	.398	107.54	12.29	
OFFICE VISITS	419	522	23,661.59	45.33	.032	56.47	1.46	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	518	582	35,485.75	60.97	.036	68.51	2.19	
PREVENTIVE CARE	3	3	122.35	40.78	.000	40.78	.01	
OB VISITS/COMPRE PERI	1,037	5,272	138,220.75	26.22	.325	133.29	8.52	
OTHER OUTPATIENT	64	86	1,989.42	23.13	.005	31.08	.12	
INPATIENT VISITS	623	2,103	117,407.71	55.83	.130	188.46	7.23	
HOSPITAL VISITS	595	1,795	75,989.51	42.33	.111	127.71	4.68	
CRITICAL CARE	47	308	41,418.20	134.47	.019	881.24	2.55	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	1	1	81.73	81.73	.000	81.73	.01	
EXAMINATIONS	1	1	81.73	81.73	.000	81.73	.01	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	684	2,841	429,138.00	151.05	.175	627.39	26.44	
PRINCIPAL SURGEON	509	669	364,332.69	544.59	.041	715.78	22.45	
ASSISTANT SURGEON	54	54	10,193.96	188.78	.003	188.78	.63	
ANESTHESIOLOGIST	255	2,118	54,611.35	25.78	.130	214.16	3.36	
OUTPATIENT SURGERY	149	249	22,798.37	91.56	.015	153.01	1.40	
PRINCIPAL SURGEON	127	149	19,853.51	133.25	.009	156.33	1.22	

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	26	100	2,944.86	29.45	.006	113.26	.18
DIALYSIS	61	394	16,190.00	41.09	.024	265.41	1.00
PATHOLOGY	394	650	14,706.49	22.63	.040	37.33	.91
RADIOLOGY	1,170	1,935	80,652.06	41.68	.119	68.93	4.97
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	73	292	11,112.70	38.06	.018	152.23	.68
OTHER SERVICES/ALL X-OVERS	401	804	31,968.85	39.76	.050	79.72	1.97
@PHARMACY	1,720	3,739	\$ 125,565.36	\$ 33.58	.230	\$ 73.00	\$ 7.74
PRESCRIPTION DRUGS	1,663	3,538	113,391.98	32.05	.218	68.19	6.99
SNF/ICF	6	44	1,937.86	44.04	.003	322.98	.12
OUTPATIENTS	1,657	3,494	111,454.12	31.90	.215	67.26	6.87
MEDICAL SUPPLIES	111	201	12,173.38	60.56	.012	109.67	.75
@DENTIST	40	133	\$ 1,079.00	\$ 8.11	.008	\$ 26.98	\$.07
VISITS - DIAGNOSTIC	38	100	729.00	7.29	.006	19.18	.04
ORAL SURGERY	14	20	350.00	17.50	.001	25.00	.02
DRUGS	2	2	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	2	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	4	8	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,282
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

16,230 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	16	40	\$ 2,412.91	\$ 60.32	.002	\$ 150.81	\$.15
NURSE ANESTHESIST	1	3	81.77	27.26	.000	81.77	.01
NURSE MIDWIFE	0	0	127.36	.00	.000	.00	.01
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	1,798	9,206	\$ 3,247,603.00	\$ 352.77	.567	\$ 1806.23	\$ 200.10
HOSP INPATIENT TOTAL	644	2,648	3,092,331.79	1167.80	.163	4801.76	190.53
HSC HOSPITALS	637	2,626	3,053,361.47	1162.74	.162	4793.35	188.13
NON-HSC HOSPITAL TOTAL	7	22	38,970.32	1771.38	.001	5567.19	2.40
ACCOMMODATIONS	7	22	13,007.02	591.23	.001	1858.15	.80

ADMINISTRATIVE DAYS	0	0	193.86CR	.00	.000	.00	.01CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	22	13,200.88	600.04	.001	1885.84	.81
ANCILLARIES	7	0	25,963.30	.00	.000	3709.04	1.60
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,359	6,558	155,271.21	23.68	.404	114.25	9.57
MEDICAL	88	100	3,630.10	36.30	.006	41.25	.22
SURGERY	165	230	11,727.59	50.99	.014	71.08	.72
PATHOLOGY	604	3,147	33,819.53	10.75	.194	55.99	2.08
RADIOLOGY	438	599	40,287.17	67.26	.037	91.98	2.48
ROOM USE	791	1,033	39,080.31	37.83	.064	49.41	2.41
CROSSOVERS/ALL OTH OUTPTNT	540	1,449	26,726.51	18.44	.089	49.49	1.65
@COUNTY HOSPITAL TOTAL	28	144	\$ 65,282.19	\$ 453.35	.009	\$ 2331.51	\$ 4.02
CO HOSPITAL INPATIENT TOTAL	8	59	63,070.05	1068.98	.004	7883.76	3.89
HSC HOSPITALS	8	59	63,070.05	1068.98	.004	7883.76	3.89
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	23	85	2,212.14	26.03	.005	96.18	.14
MEDICAL	2	2	159.67	79.84	.000	79.84	.01
SURGERY	0	0	7.63	.00	.000	.00	.00
PATHOLOGY	11	47	546.90	11.64	.003	49.72	.03
RADIOLOGY	5	6	589.51	98.25	.000	117.90	.04
ROOM USE	8	11	463.05	42.10	.001	57.88	.03
CROSSOVERS/ALL OTH OUTPTNT	8	19	445.38	23.44	.001	55.67	.03

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,283
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

					----- MONTHLY AVERAGE -----			
16,230 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	1,771	9,062	\$ 3,182,320.81	\$ 351.17	.558	\$ 1796.91	\$ 196.08	
COMM HOSP INPATIENT TOTAL	636	2,589	3,029,261.74	1170.05	.160	4762.99	186.65	
HSC HOSPITALS	629	2,567	2,990,291.42	1164.90	.158	4754.04	184.24	
NON-HSC HOSPITALS TOTAL	7	22	38,970.32	1771.38	.001	5567.19	2.40	
ACCOMMODATIONS	7	22	13,007.02	591.23	.001	1858.15	.80	
ADMINISTRATIVE DAYS	0	0	193.86CR	.00	.000	.00	.01CR	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	7	22	13,200.88	600.04	.001	1885.84	.81	
ANCILLARIES	7	0	25,963.30	.00	.000	3709.04	1.60	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	1,337	6,473	153,059.07	23.65	.399	114.48	9.43	
MEDICAL	86	98	3,470.43	35.41	.006	40.35	.21	
SURGERY	165	230	11,719.96	50.96	.014	71.03	.72	
PATHOLOGY	594	3,100	33,272.63	10.73	.191	56.01	2.05	
RADIOLOGY	433	593	39,697.66	66.94	.037	91.68	2.45	
ROOM USE	784	1,022	38,617.26	37.79	.063	49.26	2.38	
CROSSOVERS/ALL OTH OUTPTNT	532	1,430	26,281.13	18.38	.088	49.40	1.62	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	

MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	110	8,284	\$	290,575.67	\$	35.08	.510	\$ 2641.60
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	110	8,284		290,575.67	35.08	.510	2641.60	17.90
@REHABILITATION FACILITY	2	13	\$	422.36	\$	32.49	.001	\$ 211.18
HOSPITAL BASED	1	3		155.86	51.95	.000	155.86	.01
INDEPENDENT FACILITY	1	10		266.50	26.65	.001	266.50	.02
@LABORATORY FACILITY	1,676	4,995	\$	69,476.68	\$	13.91	.308	\$ 41.45
PATHOLOGY	1,676	4,995		69,476.68	13.91	.308	41.45	4.28
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	699	3,999	\$	105,710.00	\$	26.43	.246	\$ 151.23
CLINIC	660	3,902		98,725.59	25.30	.240	149.58	6.08
SURGICENTER	5	31		728.50	23.50	.002	145.70	.04
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	34	66		6,255.91	94.79	.004	184.00	.39

#CALIF DEPT OF HEALTH SERV MOP024 SACRAMENTO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

PAGE 10,284
01/17/03

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
16,230 ELIGIBLES							
@ALL OTHER PROVIDERS	477	1,314	\$ 49,278.35	\$ 37.50	.081	\$ 103.31	\$ 3.04
DURABLE MED. EQUIP.	3	6	87.39	14.57	.000	29.13	.01
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	96	877	16,386.92	18.69	.054	170.70	1.01
AMBULANCES/AIR TRANS	96	877	16,386.92	18.69	.054	170.70	1.01
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	2	14	931.56	66.54	.001	465.78	.06
GENETIC DISEASE TESTING	334	335	27,555.00	82.25	.021	82.50	1.70
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	48	82	4,317.48	52.65	.005	89.95	.27
PROSTHETICS	23	51	1,706.73	33.47	.003	74.21	.11
ORTHOTICS	28	31	2,610.75	84.22	.002	93.24	.16
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	37	630	\$ 231,340.62	\$ 367.21	.039	\$ 6252.45	\$ 14.25
@XOVER EXCLUDING STATE HOSP**	7	37	\$ 418.62	\$ 11.31	.002	\$ 59.80	\$.03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 10,285
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 64 REFUGEES	AID CODES 01 02 08

	3,130 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,164	34,849	\$	675,686.77	\$ 19.39	11.134	\$ 213.55	\$ 215.87
@PHYSICIANS SERVICES	1,516	5,451	\$	202,698.62	\$ 37.19	1.742	\$ 133.71	\$ 64.76
OUTPATIENT VISITS	1,225	1,859		75,785.39	40.77	.594	61.87	24.21
OFFICE VISITS	1,179	1,682		68,338.05	40.63	.537	57.96	21.83
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	51	53		3,071.60	57.95	.017	60.23	.98
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	27	120		4,271.18	35.59	.038	158.19	1.36
OTHER OUTPATIENT	3	4		104.56	26.14	.001	34.85	.03
INPATIENT VISITS	15	67		3,009.96	44.92	.021	200.66	.96
HOSPITAL VISITS	15	67		3,009.96	44.92	.021	200.66	.96
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	45	47		1,399.78	29.78	.015	31.11	.45
EXAMINATIONS	16	18		819.78	45.54	.006	51.24	.26
SERVICES AND MATERIALS	29	29		580.00	20.00	.009	20.00	.19
INPATIENT HOSPITAL SURGERY	11	37		4,646.79	125.59	.012	422.44	1.48
PRINCIPAL SURGEON	8	8		3,725.72	465.72	.003	465.72	1.19
ASSISTANT SURGEON	2	2		327.60	163.80	.001	163.80	.10
ANESTHESIOLOGIST	3	27		593.47	21.98	.009	197.82	.19
OUTPATIENT SURGERY	48	101		10,465.08	103.61	.032	218.02	3.34
PRINCIPAL SURGEON	47	74		9,821.04	132.72	.024	208.96	3.14
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	27		644.04	23.85	.009	161.01	.21
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	298	484		4,277.90	8.84	.155	14.36	1.37
RADIOLOGY	397	643		40,340.81	62.74	.205	101.61	12.89
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	102	136		4,890.74	35.96	.043	47.95	1.56
OTHER SERVICES/ALL X-OVERS	453	2,077		57,882.17	27.87	.664	127.78	18.49
@PHARMACY	1,321	4,101	\$	133,470.67	\$ 32.55	1.310	\$ 101.04	\$ 42.64
PRESCRIPTION DRUGS	1,311	3,571		132,072.12	36.98	1.141	100.74	42.20
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	1,311	3,571		132,072.12	36.98	1.141	100.74	42.20
MEDICAL SUPPLIES	27	530		1,398.55	2.64	.169	51.80	.45
@DENTIST	457	2,153	\$	147,427.94	\$ 68.48	.688	\$ 322.60	\$ 47.10
VISITS - DIAGNOSTIC	282	993		21,215.44	21.36	.317	75.23	6.78
ORAL SURGERY	57	127		7,518.00	59.20	.041	131.89	2.40
DRUGS	1	1		15.00	15.00	.000	15.00	.00
ANESTHESIA	1	1		100.00	100.00	.000	100.00	.03

PERIODONTICS	64	68	10,885.00	160.07	.022	170.08	3.48
ENDODONTICS	73	149	39,366.00	264.20	.048	539.26	12.58
RESTORATIVE DENTISTRY	217	781	61,752.50	79.07	.250	284.57	19.73
PROSTHETICS	1	1	50.00	50.00	.000	50.00	.02
DENTURES, STAYPLATES	12	30	6,456.00	215.20	.010	538.00	2.06
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	2	70.00	35.00	.001	35.00	.02
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 64 REFUGEES AID CODES 01 02 08

	3,130 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	177		625 \$	13,825.62	\$ 22.12	.200	\$ 78.11	\$ 4.42
DIAGNOSTIC AND ANC. PROCED	120		122	5,802.16	47.56	.039	48.35	1.85
EYE APPLIANCES	147		500	7,816.76	15.63	.160	53.18	2.50
OTHER OPTOMETRIC SERVICES	3		3	206.70	68.90	.001	68.90	.07
@CHIROPRACTOR	0		0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
@PODIATRIST	38		74 \$	2,247.22	\$ 30.37	.024	\$ 59.14	\$.72
MEDICINE/INJECTIONS	34		44	1,415.20	32.16	.014	41.62	.45
SURGERY/ANES.	12		18	204.00	11.33	.006	17.00	.07
RADIO./PATHOLOGY	4		5	86.50	17.30	.002	21.63	.03
OTHER	4		7	541.52	77.36	.002	135.38	.17
@HOME HEALTH AGENCY	2		18 \$	1,333.08	\$ 74.06	.006	\$ 666.54	\$.43
NURSE ANESTHESIST	0		0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0 \$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	123	541	\$	88,239.45	\$	163.10	.173	\$	717.39	\$	28.19
HOSP INPATIENT TOTAL	17	64		69,883.68		1091.93	.020		4110.80		22.33
HSC HOSPITALS	17	55		66,620.06		1211.27	.018		3918.83		21.28
NON-HSC HOSPITAL TOTAL	1	9		3,263.62		362.62	.003		3263.62		1.04
ACCOMMODATIONS	1	9		1,906.71		211.86	.003		1906.71		.61
ADMINISTRATIVE DAYS	1	9		1,906.71		211.86	.003		1906.71		.61
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	1	0		1,356.91		.00	.000		1356.91		.43
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	109	477		18,355.77		38.48	.152		168.40		5.86
MEDICAL	28	35		2,330.20		66.58	.011		83.22		.74
SURGERY	12	12		661.33		55.11	.004		55.11		.21
PATHOLOGY	31	176		1,874.89		10.65	.056		60.48		.60
RADIOLOGY	62	92		8,599.03		93.47	.029		138.69		2.75
ROOM USE	67	84		3,853.60		45.88	.027		57.52		1.23
CROSSOVERS/ALL OTH OUTPTNT	37	78		1,036.72		13.29	.025		28.02		.33
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 10,287
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 64 REFUGEES										AID CODES 01 02 08

						----- MONTHLY AVERAGE -----			
3,130 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	123	541	\$	88,239.45	\$ 163.10	.173	\$ 717.39	\$ 28.19	
COMM HOSP INPATIENT TOTAL	17	64		69,883.68	1091.93	.020	4110.80	22.33	
HSC HOSPITALS	17	55		66,620.06	1211.27	.018	3918.83	21.28	
NON-HSC HOSPITALS TOTAL	1	9		3,263.62	362.62	.003	3263.62	1.04	
ACCOMMODATIONS	1	9		1,906.71	211.86	.003	1906.71	.61	
ADMINISTRATIVE DAYS	1	9		1,906.71	211.86	.003	1906.71	.61	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	1	0		1,356.91	.00	.000	1356.91	.43	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	109	477		18,355.77	38.48	.152	168.40	5.86	
MEDICAL	28	35		2,330.20	66.58	.011	83.22	.74	

SURGERY	12	12		661.33	55.11	.004	55.11	.21
PATHOLOGY	31	176		1,874.89	10.65	.056	60.48	.60
RADIOLOGY	62	92		8,599.03	93.47	.029	138.69	2.75
ROOM USE	67	84		3,853.60	45.88	.027	57.52	1.23
CROSSOVERS/ALL OTH OUTPTNT	37	78		1,036.72	13.29	.025	28.02	.33
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	1	1	\$	115.21	115.21	.000	115.21	.04
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1	1		115.21	115.21	.000	115.21	.04
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	629	2,939	\$	39,689.63	13.50	.939	63.10	12.68
PATHOLOGY	629	2,939		39,689.63	13.50	.939	63.10	12.68
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	477	1,803	\$	30,192.03	16.75	.576	63.30	9.65
CLINIC	475	1,792		29,965.96	16.72	.573	63.09	9.57
SURGICENTER	2	11		226.07	20.55	.004	113.04	.07
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 64 REFUGEES AID CODES 01 02 08

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
3,130 ELIGIBLES							
@ALL OTHER PROVIDERS	279	17,143	\$ 16,447.30	\$.96	5.477	\$ 58.95	\$ 5.25
DURABLE MED. EQUIP.	15	19	1,924.92	101.31	.006	128.33	.61
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	12	104	1,808.66	17.39	.033	150.72	.58
AMBULANCES/AIR TRANS	12	104	1,808.66	17.39	.033	150.72	.58
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	4	8	140.57	17.57	.003	35.14	.04
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	185	459	4,718.67	10.28	.147	25.51	1.51
PHYSICAL THERAPIST	1	11	175.09	15.92	.004	175.09	.06
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	42	74	2,827.31	38.21	.024	67.32	.90

PROSTHETICS	29	56	1,693.60	30.24	.018	58.40	.54
ORTHOTICS	14	18	1,133.71	62.98	.006	80.98	.36
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	9	982.58	109.18	.003	327.53	.31
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	35	16,459	3,869.50	.24	5.258	110.56	1.24
@CALIF. CHILDREN SERVICES*	0	2CR	\$ 42.56CR	\$ 21.28	.001CR\$	.00	\$.01CR
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL AID CODES 0M 0N

178 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	274	6,749	\$ 400,760.05	\$ 59.38	37.916	\$ 1462.63	\$ 2251.46
@PHYSICIANS SERVICES	211	3,999	\$ 208,546.48	\$ 52.15	22.466	\$ 988.37	\$ 1171.61
OUTPATIENT VISITS	147	247	8,737.41	35.37	1.388	59.44	49.09
OFFICE VISITS	118	200	7,051.39	35.26	1.124	59.76	39.61
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	8	8	592.82	74.10	.045	74.10	3.33
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	29	39	1,093.20	28.03	.219	37.70	6.14
INPATIENT VISITS	8	26	1,123.91	43.23	.146	140.49	6.31
HOSPITAL VISITS	8	26	1,123.91	43.23	.146	140.49	6.31
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	19	113	7,075.26	62.61	.635	372.38	39.75
PRINCIPAL SURGEON	10	15	4,897.79	326.52	.084	489.78	27.52
ASSISTANT SURGEON	1	1	134.77	134.77	.006	134.77	.76
ANESTHESIOLOGIST	11	97	2,042.70	21.06	.545	185.70	11.48
OUTPATIENT SURGERY	28	134	5,442.99	40.62	.753	194.39	30.58
PRINCIPAL SURGEON	20	25	3,335.00	133.40	.140	166.75	18.74
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	12	109	2,107.99	19.34	.612	175.67	11.84
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	80	348	6,458.22	18.56	1.955	80.73	36.28
RADIOLOGY	112	685	51,332.72	74.94	3.848	458.33	288.39
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	47	2,030	121,627.82	59.92	11.404	2587.83	683.30
OTHER SERVICES/ALL X-OVERS	67	416	6,748.15	16.22	2.337	100.72	37.91
@PHARMACY	198	951	\$ 70,341.89	\$ 73.97	5.343	\$ 355.26	\$ 395.18
PRESCRIPTION DRUGS	198	649	69,958.09	107.79	3.646	353.32	393.02
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	198	649	69,958.09	107.79	3.646	353.32	393.02

MEDICAL SUPPLIES	4	302		383.80		1.27	1.697	95.95	2.16
@DENTIST	18	105	\$	6,779.00	\$	64.56	.590	\$ 376.61	\$ 38.08
VISITS - DIAGNOSTIC	10	61		796.00		13.05	.343	79.60	4.47
ORAL SURGERY	1	1		85.00		85.00	.006	85.00	.48
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	1	1		200.00		200.00	.006	200.00	1.12
ENDODONTICS	4	8		1,775.00		221.88	.045	443.75	9.97
RESTORATIVE DENTISTRY	8	33		3,783.00		114.64	.185	472.88	21.25
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	1	1		140.00		140.00	.006	140.00	.79
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV				MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002				PAGE 10,290	
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SACRAMENTO COUNTY				SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL				AID CODES 0M 0N	

178 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	7	28	\$ 652.62	\$ 23.31	.157	\$ 93.23	\$ 3.67
DIAGNOSTIC AND ANC. PROCED	7	7	332.15	47.45	.039	47.45	1.87
EYE APPLIANCES	5	21	320.47	15.26	.118	64.09	1.80
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 30.60	\$ 30.60	.006	\$ 30.60	\$.17
MEDICINE/INJECTIONS	1	1	30.60	30.60	.006	30.60	.17
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	3	7	\$ 479.29	\$ 68.47	.039	\$ 159.76	\$ 2.69
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	103	1,115	\$ 95,432.91	\$ 85.59	6.264	\$ 926.53	\$ 536.14
HOSP INPATIENT TOTAL	21	53	60,129.71	1134.52	.298	2863.32	337.81
HSC HOSPITALS	20	52	59,192.00	1138.31	.292	2959.60	332.54
NON-HSC HOSPITAL TOTAL	1	1	937.71	937.71	.006	937.71	5.27
ACCOMMODATIONS	1	1	184.58	184.58	.006	184.58	1.04
ADMINISTRATIVE DAYS	1	1	184.58	184.58	.006	184.58	1.04
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	753.13	.00	.000	753.13	4.23
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	89	1,062	35,303.20	33.24	5.966	396.67	198.33
MEDICAL	17	28	685.52	24.48	.157	40.32	3.85
SURGERY	11	14	1,608.53	114.90	.079	146.23	9.04
PATHOLOGY	48	340	2,145.58	6.31	1.910	44.70	12.05
RADIOLOGY	39	251	18,300.97	72.91	1.410	469.26	102.81
ROOM USE	66	155	6,336.18	40.88	.871	96.00	35.60

CROSSTOVERS/ALL OTH OUTPTNT	37	274		6,226.42	22.72	1.539	168.28	34.98
@COUNTY HOSPITAL TOTAL	4	14	\$	2,400.48	\$ 171.46	.079	\$ 600.12	\$ 13.49
CO HOSPITAL INPATIENT TOTAL	1	1		760.00	760.00	.006	760.00	4.27
HSC HOSPITALS	1	1		760.00	760.00	.006	760.00	4.27
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSTOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	13		1,640.48	126.19	.073	410.12	9.22
MEDICAL	1	1		10.21	10.21	.006	10.21	.06
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	2	3		1,420.11	473.37	.017	710.06	7.98
ROOM USE	1	1		34.53	34.53	.006	34.53	.19
CROSSTOVERS/ALL OTH OUTPTNT	3	8		175.63	21.95	.045	58.54	.99

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178 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	102	1,101	\$ 93,032.43	\$ 84.50	6.185	\$ 912.08	\$ 522.65
COMM HOSP INPATIENT TOTAL	20	52	59,369.71	1141.73	.292	2968.49	333.54
HSC HOSPITALS	19	51	58,432.00	1145.73	.287	3075.37	328.27
NON-HSC HOSPITALS TOTAL	1	1	937.71	937.71	.006	937.71	5.27
ACCOMMODATIONS	1	1	184.58	184.58	.006	184.58	1.04
ADMINISTRATIVE DAYS	1	1	184.58	184.58	.006	184.58	1.04
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	753.13	.00	.000	753.13	4.23
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	88	1,049	33,662.72	32.09	5.893	382.53	189.12
MEDICAL	17	27	675.31	25.01	.152	39.72	3.79
SURGERY	11	14	1,608.53	114.90	.079	146.23	9.04
PATHOLOGY	48	340	2,145.58	6.31	1.910	44.70	12.05
RADIOLOGY	37	248	16,880.86	68.07	1.393	456.24	94.84
ROOM USE	66	154	6,301.65	40.92	.865	95.48	35.40
CROSSOVERS/ALL OTH OUTPTNT	34	266	6,050.79	22.75	1.494	177.96	33.99
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	89	261	\$ 3,881.18	\$ 14.87	1.466	\$ 43.61	\$ 21.80
PATHOLOGY	88	260	3,856.58	14.83	1.461	43.82	21.67
XO AND OTHERS	1	1	24.60	24.60	.006	24.60	.14
@ORGANIZED OUTPATIENT CLINIC	9	176	\$ 11,657.08	\$ 66.23	.989	\$ 1295.23	\$ 65.49
CLINIC	7	173	11,420.74	66.02	.972	1631.53	64.16
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2	3	236.34	78.78	.017	118.17	1.33

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178 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	25	106	\$ 2,959.00	\$ 27.92	.596	\$ 118.36	\$ 16.62
DURABLE MED. EQUIP.	3	8	255.44	31.93	.045	85.15	1.44
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	28	608.37	21.73	.157	121.67	3.42
AMBULANCES/AIR TRANS	5	28	608.37	21.73	.157	121.67	3.42
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	2	2	54.06	27.03	.011	27.03	.30
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	10	29	367.11	12.66	.163	36.71	2.06
PHYSICAL THERAPIST	1	25	371.44	14.86	.140	371.44	2.09
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	7	14	1,302.58	93.04	.079	186.08	7.32
PROSTHETICS	7	14	1,302.58	93.04	.079	186.08	7.32
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	1	\$ 31.80	\$ 31.80	.006	\$ 31.80	\$.18
@XOVER EXCLUDING STATE HOSP**	6	131	\$ 1,602.59	\$ 12.23	.736	\$ 267.10	\$ 9.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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13 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	18	364	\$ 16,211.49	\$ 44.54	28.000	\$ 900.64	\$ 1247.04
@PHYSICIANS SERVICES	11	77	\$ 4,402.14	\$ 57.17	5.923	\$ 400.19	\$ 338.63
OUTPATIENT VISITS	8	9	324.12	36.01	.692	40.52	24.93
OFFICE VISITS	2	2	105.40	52.70	.154	52.70	8.11
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	6	7	218.72	31.25	.538	36.45	16.82
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	16	315.51	19.72	1.231	315.51	24.27
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	16	315.51	19.72	1.231	315.51	24.27
OUTPATIENT SURGERY	3	3	627.47	209.16	.231	209.16	48.27
PRINCIPAL SURGEON	3	3	627.47	209.16	.231	209.16	48.27
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	6	398.75	66.46	.462	199.38	30.67
RADIOLOGY	6	33	2,414.07	73.15	2.538	402.35	185.70
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	5	10		322.22		32.22	.769	64.44	24.79
@PHARMACY	13	37	\$	3,365.52	\$	90.96	2.846	\$ 258.89	\$ 258.89
PRESCRIPTION DRUGS	13	37		3,365.52		90.96	2.846	258.89	258.89
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	13	37		3,365.52		90.96	2.846	258.89	258.89
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
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@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	9	240	\$ 8,026.93	\$ 33.45	18.462	\$ 891.88	\$ 617.46
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	9	240		8,026.93	33.45	18.462	891.88	617.46	
MEDICAL	3	4		122.09	30.52	.308	40.70	9.39	
SURGERY	1	1		14.94	14.94	.077	14.94	1.15	
PATHOLOGY	2	13		104.48	8.04	1.000	52.24	8.04	
RADIOLOGY	4	64		3,619.08	56.55	4.923	904.77	278.39	
ROOM USE	8	28		876.50	31.30	2.154	109.56	67.42	
CROSSOVERS/ALL OTH OUTPTNT	7	130		3,289.84	25.31	10.000	469.98	253.06	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
MEDICAL	0	0		.00	.00	.000	.00	.00	
SURGERY	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	.00	
ROOM USE	0	0		.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 10,295
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY								AID CODES OR OT
13 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	9	240	\$	8,026.93	\$ 33.45	18.462	\$ 891.88	\$ 617.46	
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	9	240		8,026.93	33.45	18.462	891.88	617.46	
MEDICAL	3	4		122.09	30.52	.308	40.70	9.39	
SURGERY	1	1		14.94	14.94	.077	14.94	1.15	
PATHOLOGY	2	13		104.48	8.04	1.000	52.24	8.04	
RADIOLOGY	4	64		3,619.08	56.55	4.923	904.77	278.39	
ROOM USE	8	28		876.50	31.30	2.154	109.56	67.42	
CROSSOVERS/ALL OTH OUTPTNT	7	130		3,289.84	25.31	10.000	469.98	253.06	
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	2	7	\$	105.22	\$	15.03	.538	\$	52.61
PATHOLOGY	2	7		105.22		15.03	.538		52.61
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00
CLINIC	0	0		.00		.00	.000		.00
SURGICENTER	0	0		.00		.00	.000		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,296
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY AID CODES OR OT

	13 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	3	\$	311.68	\$ 103.89	.231	\$ 311.68	\$ 23.98
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	3	311.68	103.89	.231	311.68	23.98
PROSTHETICS	1	3	311.68	103.89	.231	311.68	23.98
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 10,297
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL		

191 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	292	7,113	\$ 416,971.54	\$ 58.62	37.241	\$ 1427.98	\$ 2183.10
@PHYSICIANS SERVICES	222	4,076	\$ 212,948.62	\$ 52.24	21.340	\$ 959.23	\$ 1114.91
OUTPATIENT VISITS	155	256	9,061.53	35.40	1.340	58.46	47.44
OFFICE VISITS	120	202	7,156.79	35.43	1.058	59.64	37.47
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	8	8	592.82	74.10	.042	74.10	3.10
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	35	46	1,311.92	28.52	.241	37.48	6.87
INPATIENT VISITS	8	26	1,123.91	43.23	.136	140.49	5.88
HOSPITAL VISITS	8	26	1,123.91	43.23	.136	140.49	5.88
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	20	129	7,390.77	57.29	.675	369.54	38.70
PRINCIPAL SURGEON	10	15	4,897.79	326.52	.079	489.78	25.64
ASSISTANT SURGEON	1	1	134.77	134.77	.005	134.77	.71
ANESTHESIOLOGIST	12	113	2,358.21	20.87	.592	196.52	12.35
OUTPATIENT SURGERY	31	137	6,070.46	44.31	.717	195.82	31.78
PRINCIPAL SURGEON	23	28	3,962.47	141.52	.147	172.28	20.75

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	12	109	2,107.99	19.34	.571	175.67	11.04
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	82	354	6,856.97	19.37	1.853	83.62	35.90
RADIOLOGY	118	718	53,746.79	74.86	3.759	455.48	281.40
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	47	2,030	121,627.82	59.92	10.628	2587.83	636.79
OTHER SERVICES/ALL X-OVERS	72	426	7,070.37	16.60	2.230	98.20	37.02
@PHARMACY	211	988	\$ 73,707.41	\$ 74.60	5.173	\$ 349.32	\$ 385.90
PRESCRIPTION DRUGS	211	686	73,323.61	106.89	3.592	347.51	383.89
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	211	686	73,323.61	106.89	3.592	347.51	383.89
MEDICAL SUPPLIES	4	302	383.80	1.27	1.581	95.95	2.01
@DENTIST	18	105	\$ 6,779.00	\$ 64.56	.550	\$ 376.61	\$ 35.49
VISITS - DIAGNOSTIC	10	61	796.00	13.05	.319	79.60	4.17
ORAL SURGERY	1	1	85.00	85.00	.005	85.00	.45
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	200.00	200.00	.005	200.00	1.05
ENDODONTICS	4	8	1,775.00	221.88	.042	443.75	9.29
RESTORATIVE DENTISTRY	8	33	3,783.00	114.64	.173	472.88	19.81
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1	140.00	140.00	.005	140.00	.73
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						
MOP024	FEE-FOR-SERVICE/DENTAL						
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL						

PAGE 10,298
01/17/03

191 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	7	28	\$ 652.62	\$ 23.31	.147	\$ 93.23	\$ 3.42
DIAGNOSTIC AND ANC. PROCED	7	7	332.15	47.45	.037	47.45	1.74
EYE APPLIANCES	5	21	320.47	15.26	.110	64.09	1.68
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 30.60	\$ 30.60	.005	\$ 30.60	\$.16
MEDICINE/INJECTIONS	1	1	30.60	30.60	.005	30.60	.16
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	3	7	\$ 479.29	\$ 68.47	.037	\$ 159.76	\$ 2.51
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	112	1,355	\$ 103,459.84	\$ 76.35	7.094	\$ 923.75	\$ 541.67
HOSP INPATIENT TOTAL	21	53	60,129.71	1134.52	.277	2863.32	314.82
HSC HOSPITALS	20	52	59,192.00	1138.31	.272	2959.60	309.91
NON-HSC HOSPITAL TOTAL	1	1	937.71	937.71	.005	937.71	4.91
ACCOMMODATIONS	1	1	184.58	184.58	.005	184.58	.97

ADMINISTRATIVE DAYS	1	1	184.58	184.58	.005	184.58	.97
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	753.13	.00	.000	753.13	3.94
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	98	1,302	43,330.13	33.28	6.817	442.14	226.86
MEDICAL	20	32	807.61	25.24	.168	40.38	4.23
SURGERY	12	15	1,623.47	108.23	.079	135.29	8.50
PATHOLOGY	50	353	2,250.06	6.37	1.848	45.00	11.78
RADIOLOGY	43	315	21,920.05	69.59	1.649	509.77	114.76
ROOM USE	74	183	7,212.68	39.41	.958	97.47	37.76
CROSSOVERS/ALL OTH OUTPTNT	44	404	9,516.26	23.56	2.115	216.28	49.82
@COUNTY HOSPITAL TOTAL	4	14	\$ 2,400.48	\$ 171.46	.073	\$ 600.12	\$ 12.57
CO HOSPITAL INPATIENT TOTAL	1	1	760.00	760.00	.005	760.00	3.98
HSC HOSPITALS	1	1	760.00	760.00	.005	760.00	3.98
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	13	1,640.48	126.19	.068	410.12	8.59
MEDICAL	1	1	10.21	10.21	.005	10.21	.05
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	2	3	1,420.11	473.37	.016	710.06	7.44
ROOM USE	1	1	34.53	34.53	.005	34.53	.18
CROSSOVERS/ALL OTH OUTPTNT	3	8	175.63	21.95	.042	58.54	.92

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,299
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

	191 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	111	1,341	\$	101,059.36	\$ 75.36	7.021	\$ 910.44	\$ 529.11
COMM HOSP INPATIENT TOTAL	20	52		59,369.71	1141.73	.272	2968.49	310.84
HSC HOSPITALS	19	51		58,432.00	1145.73	.267	3075.37	305.93
NON-HSC HOSPITALS TOTAL	1	1		937.71	937.71	.005	937.71	4.91
ACCOMMODATIONS	1	1		184.58	184.58	.005	184.58	.97
ADMINISTRATIVE DAYS	1	1		184.58	184.58	.005	184.58	.97
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	1	0		753.13	.00	.000	753.13	3.94
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	97	1,289		41,689.65	32.34	6.749	429.79	218.27
MEDICAL	20	31		797.40	25.72	.162	39.87	4.17
SURGERY	12	15		1,623.47	108.23	.079	135.29	8.50
PATHOLOGY	50	353		2,250.06	6.37	1.848	45.00	11.78
RADIOLOGY	41	312		20,499.94	65.70	1.634	500.00	107.33
ROOM USE	74	182		7,178.15	39.44	.953	97.00	37.58
CROSSOVERS/ALL OTH OUTPTNT	41	396		9,340.63	23.59	2.073	227.82	48.90
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00	
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00	
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00	
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00	
ICF DD	0	0		.00		.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00	
@LABORATORY FACILITY	91	268	\$	3,986.40	\$	14.87	1.403	\$ 43.81	\$ 20.87	
PATHOLOGY	90	267		3,961.80		14.84	1.398	44.02	20.74	
XO AND OTHERS	1	1		24.60		24.60	.005	24.60	.13	
@ORGANIZED OUTPATIENT CLINIC	9	176	\$	11,657.08	\$	66.23	.921	\$ 1295.23	\$ 61.03	
CLINIC	7	173		11,420.74		66.02	.906	1631.53	59.79	
SURGICENTER	0	0		.00		.00	.000	.00	.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00	
RURAL HEALTH CLINIC	2	3		236.34		78.78	.016	118.17	1.24	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002									PAGE 10,300
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL									

191 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	26	109	\$ 3,270.68	\$ 30.01	.571	\$ 125.80	\$ 17.12
DURABLE MED. EQUIP.	3	8	255.44	31.93	.042	85.15	1.34
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	28	608.37	21.73	.147	121.67	3.19
AMBULANCES/AIR TRANS	5	28	608.37	21.73	.147	121.67	3.19
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	2	2	54.06	27.03	.010	27.03	.28
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	10	29	367.11	12.66	.152	36.71	1.92
PHYSICAL THERAPIST	1	25	371.44	14.86	.131	371.44	1.94
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	8	17	1,614.26	94.96	.089	201.78	8.45
PROSTHETICS	8	17	1,614.26	94.96	.089	201.78	8.45
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	1	\$	31.80	\$	31.80	.005	\$ 31.80 \$.17
@XOVER EXCLUDING STATE HOSP**	6	131	\$	1,602.59	\$	12.23	.686	\$ 267.10 \$ 8.39

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,301
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 68 QMB - ONLY AID CODE

1,109 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	54	675	\$ 6,141.85	\$ 9.10	.609	\$ 113.74	\$ 5.54
@PHYSICIANS SERVICES	33	252	\$ 3,501.74	\$ 13.90	.227	\$ 106.11	\$ 3.16
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	33	252		3,501.74	13.90	.227	106.11	3.16
@PHARMACY	3	343	\$	118.63	\$.35	.309	\$ 39.54	\$.11
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	3	343		118.63	.35	.309	39.54	.11
@DENTIST	6	12	\$	.00	\$.00	.011	\$.00	\$.00
VISITS - DIAGNOSTIC	5	9		.00	.00	.008	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	2		.00	.00	.002	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1		.00	.00	.001	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 10,302
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 68 QMB - ONLY							
					AID CODE			
1,109 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	2	\$	50.21	\$ 25.11	.002	\$ 25.11	\$.05
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	2	2		50.21	25.11	.002	25.11	.05
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	6	6	\$	97.65	\$ 16.28	.005	\$ 16.28	\$.09
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	6	6		97.65	16.28	.005	16.28	.09
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	4	17	\$	1,237.65	\$	72.80	.015	\$	309.41	\$	1.12
HOSP INPATIENT TOTAL	2	15		1,213.09		80.87	.014		606.55		1.09
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2	15		1,213.09		80.87	.014		606.55		1.09
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2	2		24.56		12.28	.002		12.28		.02
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	2	2		24.56		12.28	.002		12.28		.02
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 10,303
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 68 QMB - ONLY										AID CODE

	1,109 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	17	\$	1,237.65	\$ 72.80	.015	\$ 309.41	\$ 1.12
COMM HOSP INPATIENT TOTAL	2	15		1,213.09	80.87	.014	606.55	1.09
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	15		1,213.09	80.87	.014	606.55	1.09
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	2		24.56	12.28	.002	12.28	.02
MEDICAL	0	0		.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	2	24.56	12.28	.002	12.28	.02
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	3	0	\$ 191.92	\$.00	.000	\$ 63.97	\$.17
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	3	0	191.92	.00	.000	63.97	.17
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3	3	\$ 493.61	\$ 164.54	.003	\$ 164.54	\$.45
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	3	3	493.61	164.54	.003	164.54	.45
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
SACRAMENTO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 68 QMB - ONLY

PAGE 10,304
01/17/03

1,109 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE			
				----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	8	40	\$ 450.44	\$ 11.26	.036	\$ 56.31	\$.41
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	31	255.54	8.24	.028	85.18	.23
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	3	31	255.54	8.24	.028	85.18	.23
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	9	194.90	21.66	.008	38.98	.18
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	49	648	\$ 6,141.85	\$ 9.48	.584	\$ 125.34	\$ 5.54

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,305
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 69 133% PROGRAM AID CODES 72 74 8N

	7,688 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,891	9,190	\$	469,358.47	\$ 51.07	1.195	\$ 248.21	\$ 61.05
@PHYSICIANS SERVICES	843	2,393	\$	125,870.22	\$ 52.60	.311	\$ 149.31	\$ 16.37
OUTPATIENT VISITS	674	865		33,331.87	38.53	.113	49.45	4.34
OFFICE VISITS	477	630		23,127.63	36.71	.082	48.49	3.01
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	175	186		8,190.07	44.03	.024	46.80	1.07
PREVENTIVE CARE	9	9		308.87	34.32	.001	34.32	.04
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	37	40		1,705.30	42.63	.005	46.09	.22
INPATIENT VISITS	31	233		25,595.34	109.85	.030	825.66	3.33
HOSPITAL VISITS	28	131		8,998.53	68.69	.017	321.38	1.17
CRITICAL CARE	9	102		16,596.81	162.71	.013	1844.09	2.16
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	12	13		563.64	43.36	.002	46.97	.07
EXAMINATIONS	11	12		558.60	46.55	.002	50.78	.07
SERVICES AND MATERIALS	1	1		5.04	5.04	.000	5.04	.00
INPATIENT HOSPITAL SURGERY	24	144		14,585.44	101.29	.019	607.73	1.90
PRINCIPAL SURGEON	15	23		11,039.72	479.99	.003	735.98	1.44
ASSISTANT SURGEON	1	1		47.55	47.55	.000	47.55	.01
ANESTHESIOLOGIST	13	120		3,498.17	29.15	.016	269.09	.46
OUTPATIENT SURGERY	69	220		18,519.77	84.18	.029	268.40	2.41
PRINCIPAL SURGEON	48	69		13,394.65	194.13	.009	279.06	1.74
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	26	151		5,125.12	33.94	.020	197.12	.67
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	61	94		1,653.34	17.59	.012	27.10	.22
RADIOLOGY	106	190		12,294.70	64.71	.025	115.99	1.60
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	15	334		2,296.20	6.87	.043	153.08	.30
OTHER SERVICES/ALL X-OVERS	91	300		17,029.92	56.77	.039	187.14	2.22
@PHARMACY	482	1,080	\$	35,950.45	\$ 33.29	.140	\$ 74.59	\$ 4.68
PRESCRIPTION DRUGS	474	938		31,387.37	33.46	.122	66.22	4.08
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	474	938		31,387.37	33.46	.122	66.22	4.08

MEDICAL SUPPLIES	39	142		4,563.08		32.13	.018	117.00	.59
@DENTIST	115	765	\$	14,556.60	\$	19.03	.100	\$ 126.58	\$ 1.89
VISITS - DIAGNOSTIC	91	413		4,197.20		10.16	.054	46.12	.55
ORAL SURGERY	26	63		1,458.00		23.14	.008	56.08	.19
DRUGS	3	5		50.00		10.00	.001	16.67	.01
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	25	69		2,268.40		32.88	.009	90.74	.30
RESTORATIVE DENTISTRY	45	197		6,313.00		32.05	.026	140.29	.82
PROSTHETICS	1	1		30.00		30.00	.000	30.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		240.00		.00	.000	.00	.03
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	9	17		.00		.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 10,306
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SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 69 133% PROGRAM								AID CODES 72 74 8N

						----- MONTHLY AVERAGE -----		
7,688 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	10	\$	275.50	\$ 27.55	.001	\$ 68.88	\$.04
DIAGNOSTIC AND ANC. PROCED	4	4		189.80	47.45	.001	47.45	.02
EYE APPLIANCES	2	6		85.70	14.28	.001	42.85	.01
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	19	790	\$	25,371.49	\$ 32.12	.103	\$ 1335.34	\$ 3.30
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	3	\$	60.46	\$ 20.15	.000	\$ 60.46	\$.01
@TOTAL HOSPITAL	357	1,348	\$	225,108.06	\$ 166.99	.175	\$ 630.55	\$ 29.28
HOSP INPATIENT TOTAL	39	144		179,781.79	1248.48	.019	4609.79	23.38
HSC HOSPITALS	35	140		166,398.17	1188.56	.018	4754.23	21.64
NON-HSC HOSPITAL TOTAL	4	4		13,383.62	3345.91	.001	3345.91	1.74
ACCOMMODATIONS	4	4		3,543.90	885.98	.001	885.98	.46
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	4		3,543.90	885.98	.001	885.98	.46
ANCILLARIES	4	0		9,839.72	.00	.000	2459.93	1.28
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	334	1,204		45,326.27	37.65	.157	135.71	5.90
MEDICAL	43	57		2,756.67	48.36	.007	64.11	.36
SURGERY	43	55		2,275.30	41.37	.007	52.91	.30
PATHOLOGY	80	317		4,682.16	14.77	.041	58.53	.61
RADIOLOGY	84	139		12,929.92	93.02	.018	153.93	1.68
ROOM USE	268	325		12,894.12	39.67	.042	48.11	1.68
CROSSOVERS/ALL OTH OUTPTNT	128	311		9,788.10	31.47	.040	76.47	1.27
@COUNTY HOSPITAL TOTAL	6	20	\$	538.79	\$ 26.94	.003	\$ 89.80	\$.07
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	6	20		538.79	26.94	.003	89.80	.07
MEDICAL	4	5		173.76	34.75	.001	43.44	.02
SURGERY	1	2		39.02	19.51	.000	39.02	.01
PATHOLOGY	2	5		47.97	9.59	.001	23.99	.01
RADIOLOGY	2	2		59.27	29.64	.000	29.64	.01
ROOM USE	5	5		192.79	38.56	.001	38.56	.03
CROSSOVERS/ALL OTH OUTPTNT	1	1		25.98	25.98	.000	25.98	.00

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SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 69 133% PROGRAM AID CODES 72 74 8N

	7,688 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	351	1,328	\$	224,569.27	\$ 169.10	.173	\$ 639.80	\$ 29.21
COMM HOSP INPATIENT TOTAL	39	144		179,781.79	1248.48	.019	4609.79	23.38
HSC HOSPITALS	35	140		166,398.17	1188.56	.018	4754.23	21.64
NON-HSC HOSPITALS TOTAL	4	4		13,383.62	3345.91	.001	3345.91	1.74
ACCOMMODATIONS	4	4		3,543.90	885.98	.001	885.98	.46
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

ALL OTHER ACCOM	4	4	3,543.90	885.98	.001	885.98	.46
ANCILLARIES	4	0	9,839.72	.00	.000	2459.93	1.28
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	328	1,184	44,787.48	37.83	.154	136.55	5.83
MEDICAL	39	52	2,582.91	49.67	.007	66.23	.34
SURGERY	42	53	2,236.28	42.19	.007	53.24	.29
PATHOLOGY	78	312	4,634.19	14.85	.041	59.41	.60
RADIOLOGY	82	137	12,870.65	93.95	.018	156.96	1.67
ROOM USE	263	320	12,701.33	39.69	.042	48.29	1.65
CROSSOVERS/ALL OTH OUTPTNT	127	310	9,762.12	31.49	.040	76.87	1.27
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	27	208	4,730.61	22.74	.027	175.21	.62
HOSPITAL BASED	8	13	704.76	54.21	.002	88.10	.09
INDEPENDENT FACILITY	19	195	4,025.85	20.65	.025	211.89	.52
@LABORATORY FACILITY	82	163	1,804.30	11.07	.021	22.00	.23
PATHOLOGY	82	163	1,804.30	11.07	.021	22.00	.23
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	134	292	10,182.56	34.87	.038	75.99	1.32
CLINIC	94	190	3,013.97	15.86	.025	32.06	.39
SURGICENTER	10	63	2,375.89	37.71	.008	237.59	.31
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	30	39	4,792.70	122.89	.005	159.76	.62

#CALIF DEPT OF HEALTH SERV MOP024
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 69 133% PROGRAM

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7,688 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	294	2,138	\$ 25,448.22	\$ 11.90	.278	\$ 86.56	\$ 3.31
DURABLE MED. EQUIP.	16	92	5,419.78	58.91	.012	338.74	.70
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	14	127	4,065.29	32.01	.017	290.38	.53
AMBULANCES/AIR TRANS	14	125	2,253.43	18.03	.016	160.96	.29
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	1,811.86	905.93	.000	905.93	.24
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	21	42	376.54	8.97	.005	17.93	.05
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	4	850.44	212.61	.001	425.22	.11
PROSTHETICS	2	4	850.44	212.61	.001	425.22	.11
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	3	8	303.89	37.99	.001	101.30	.04
SPEECH AND AUDIOLOGY	1	3	145.39	48.46	.000	145.39	.02
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	238	1,522	14,271.13	9.38	.198	59.96	1.86
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	340	15.76	.05	.044	15.76	.00
@CALIF. CHILDREN SERVICES*	276	3,375	\$ 317,465.78	\$ 94.06	.439	\$ 1150.24	\$ 41.29
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 10,309
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 70 100% PROGRAM	AID CODES 7A 7C 8R	

7,886 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,250	10,142	\$ 660,766.50	\$ 65.15	1.286	\$ 293.67	\$ 83.79
@PHYSICIANS SERVICES	409	1,155	\$ 70,961.08	\$ 61.44	.146	\$ 173.50	\$ 9.00
OUTPATIENT VISITS	303	404	16,371.75	40.52	.051	54.03	2.08
OFFICE VISITS	181	229	9,234.80	40.33	.029	51.02	1.17
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	99	109	4,851.02	44.50	.014	49.00	.62
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	8	40	1,424.60	35.62	.005	178.08	.18
OTHER OUTPATIENT	26	26	861.33	33.13	.003	33.13	.11
INPATIENT VISITS	23	199	20,691.99	103.98	.025	899.65	2.62
HOSPITAL VISITS	19	102	5,781.20	56.68	.013	304.27	.73
CRITICAL CARE	8	97	14,910.79	153.72	.012	1863.85	1.89
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	5	5	181.35	36.27	.001	36.27	.02
EXAMINATIONS	4	4	175.35	43.84	.001	43.84	.02
SERVICES AND MATERIALS	1	1	6.00	6.00	.000	6.00	.00
INPATIENT HOSPITAL SURGERY	18	101	8,442.08	83.58	.013	469.00	1.07
PRINCIPAL SURGEON	13	14	6,491.17	463.66	.002	499.32	.82
ASSISTANT SURGEON	1	1	72.23	72.23	.000	72.23	.01
ANESTHESIOLOGIST	9	86	1,878.68	21.85	.011	208.74	.24
OUTPATIENT SURGERY	42	104	11,579.53	111.34	.013	275.70	1.47
PRINCIPAL SURGEON	33	38	9,179.40	241.56	.005	278.16	1.16
ASSISTANT SURGEON	2	2	352.63	176.32	.000	176.32	.04
ANESTHESIOLOGIST	10	64	2,047.50	31.99	.008	204.75	.26
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	29	49	1,100.85	22.47	.006	37.96	.14
RADIOLOGY	104	176	6,287.04	35.72	.022	60.45	.80
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	4	5		125.90	25.18	.001	31.48	.02
OTHER SERVICES/ALL X-OVERS	46	112		6,180.59	55.18	.014	134.36	.78
@PHARMACY	243	730	\$	246,729.79	\$ 337.99	.093	\$ 1015.35	\$ 31.29
PRESCRIPTION DRUGS	234	528		23,354.32	44.23	.067	99.80	2.96
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	234	528		23,354.32	44.23	.067	99.80	2.96
MEDICAL SUPPLIES	12	202		223,375.47	1105.82	.026	18614.62	28.33
@DENTIST	190	1,352	\$	30,602.05	\$ 22.63	.171	\$ 161.06	\$ 3.88
VISITS - DIAGNOSTIC	136	877		11,636.80	13.27	.111	85.56	1.48
ORAL SURGERY	40	58		2,862.00	49.34	.007	71.55	.36
DRUGS	0	1		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	2	2		55.00	27.50	.000	27.50	.01
ENDODONTICS	16	26		1,908.00	73.38	.003	119.25	.24
RESTORATIVE DENTISTRY	96	326		13,595.25	41.70	.041	141.62	1.72
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	4	3		120.00	40.00	.000	30.00	.02
MAXILLOFACIAL SERVICES	1	1		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	13	47		350.00	7.45	.006	26.92	.04
ALL OTHER SERVICES	4	11		75.00	6.82	.001	18.75	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
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7,886 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	18	62	\$ 1,458.12	\$ 23.52	.008	\$ 81.01	\$.18
DIAGNOSTIC AND ANC. PROCED	17	17	806.65	47.45	.002	47.45	.10
EYE APPLIANCES	15	45	651.47	14.48	.006	43.43	.08
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 50.00	\$ 50.00	.000	\$ 50.00	\$.01
MEDICINE/INJECTIONS	1	1	50.00	50.00	.000	50.00	.01
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	3	193	\$ 6,377.23	\$ 33.04	.024	\$ 2125.74	\$.81
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	1	1	\$ 26.18	\$ 26.18	.000	\$ 26.18	\$.00
@TOTAL HOSPITAL	190	884	\$ 221,098.94	\$ 250.11	.112	\$ 1163.68	\$ 28.04
HOSP INPATIENT TOTAL	23	166	200,344.02	1206.89	.021	8710.61	25.41
HSC HOSPITALS	23	166	200,344.02	1206.89	.021	8710.61	25.41
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	170	718	20,754.92	28.91	.091	122.09	2.63
MEDICAL	19	29	1,171.93	40.41	.004	61.68	.15
SURGERY	28	31	1,518.89	49.00	.004	54.25	.19
PATHOLOGY	55	209	2,199.21	10.52	.027	39.99	.28
RADIOLOGY	62	91	5,369.39	59.00	.012	86.60	.68
ROOM USE	141	185	7,171.82	38.77	.023	50.86	.91
CROSSOVERS/ALL OTH OUTPTNT	62	173	3,323.68	19.21	.022	53.61	.42
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 10,311
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 70 100% PROGRAM						AID CODES 7A 7C 8R
					----- MONTHLY AVERAGE -----		
7,886 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	190	884	\$ 221,098.94	\$ 250.11	.112	\$ 1163.68	\$ 28.04

AMBULANCES/AIR TRANS	20	134	2,695.15	20.11	.017	134.76	.34
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	5	5	425.00	85.00	.001	85.00	.05
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	150	318	2,697.41	8.48	.040	17.98	.34
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,185	4,752	48,026.31	10.11	.603	40.53	6.09
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	127	554.00	4.36	.016	554.00	.07
@CALIF. CHILDREN SERVICES*	141	1,409	\$ 449,798.39	\$ 319.23	.179	\$ 3190.06	\$ 57.04
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 10,313
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	5,162	26,948	\$ 899,837.44	\$ 33.39	.000	\$ 174.32	\$.00
@PHYSICIANS SERVICES	2,583	9,916	\$ 433,093.46	\$ 43.68	.000	\$ 167.67	\$.00
OUTPATIENT VISITS	1,956	8,305	344,610.20	41.49	.000	176.18	.00
OFFICE VISITS	460	499	8,937.48	17.91	.000	19.43	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1,641	7,806	335,672.72	43.00	.000	204.55	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	30	52	1,623.15	31.21	.000	54.11	.00
PRINCIPAL SURGEON	30	52	1,623.15	31.21	.000	54.11	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	124	176	15,564.14	88.43	.000	125.52	.00
PRINCIPAL SURGEON	89	90	12,220.52	135.78	.000	137.31	.00

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	59	86	3,343.62	38.88	.000	56.67	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	546	568	5,133.18	9.04	.000	9.40	.00
RADIOLOGY	772	788	64,989.25	82.47	.000	84.18	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	10	10	1,088.54	108.85	.000	108.85	.00
OTHER SERVICES/ALL X-OVERS	3	17	85.00	5.00	.000	28.33	.00
@PHARMACY	512	802	\$ 10,023.78	\$ 12.50	.000	\$ 19.58	\$.00
PRESCRIPTION DRUGS	507	791	9,258.60	11.70	.000	18.26	.00
SNF/ICF	9	10	113.77	11.38	.000	12.64	.00
OUTPATIENTS	498	781	9,144.83	11.71	.000	18.36	.00
MEDICAL SUPPLIES	7	11	765.18	69.56	.000	109.31	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 SACRAMENTO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

PAGE 10,314
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----			
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00	
NURSE MIDWIFE	2	4	136.82	34.21	.000	68.41	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
@TOTAL HOSPITAL	92	205	\$ 6,159.01	\$ 30.04	.000	\$ 66.95	\$.00	
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	92	205	6,159.01	30.04	.000	66.95	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	3	3	131.77	43.92	.000	43.92	.00
PATHOLOGY	47	110	2,456.24	22.33	.000	52.26	.00
RADIOLOGY	20	20	1,308.90	65.45	.000	65.45	.00
ROOM USE	21	22	772.95	35.13	.000	36.81	.00
CROSSOVERS/ALL OTH OUTPTNT	12	50	1,489.15	29.78	.000	124.10	.00
@COUNTY HOSPITAL TOTAL	2	3	\$ 139.22	\$ 46.41	.000	\$ 69.61	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	3	139.22	46.41	.000	69.61	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	69.00	34.50	.000	34.50	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	70.22	70.22	.000	70.22	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,315
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	90	202	\$ 6,019.79	\$ 29.80	.000	\$ 66.89	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	90	202	6,019.79	29.80	.000	66.89	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	3	3	131.77	43.92	.000	43.92	.00
PATHOLOGY	47	110	2,456.24	22.33	.000	52.26	.00
RADIOLOGY	20	20	1,308.90	65.45	.000	65.45	.00
ROOM USE	19	20	703.95	35.20	.000	37.05	.00
CROSSOVERS/ALL OTH OUTPTNT	11	49	1,418.93	28.96	.000	128.99	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$	.00 \$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00 \$
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	2,348	5,509	\$	123,932.11	\$	22.50	\$	52.78 \$
PATHOLOGY	2,348	5,509		123,932.11		22.50		52.78
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,494	10,303	\$	304,760.26	\$	29.58	\$	203.99 \$
CLINIC	1,386	10,132		297,041.33		29.32		214.32
SURGICENTER	54	88		2,585.38		29.38		47.88
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	54	83		5,133.55		61.85		95.07

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,316
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

	00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
						----- MONTHLY AVERAGE -----		

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	209	209	\$	21,732.00	\$ 103.98	.000	\$ 103.98	\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	209	209		21,732.00	103.98	.000	103.98	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,317
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE

	164 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	17	198	\$	3,164.46	\$ 15.98	1.207	\$ 186.14	\$ 19.30
@PHYSICIANS SERVICES	1	2	\$	24.30	\$ 12.15	.012	\$ 24.30	\$.15
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	2		24.30	12.15	.012	24.30	.15
@PHARMACY	12	102	\$	1,369.80	\$ 13.43	.622	\$ 114.15	\$ 8.35
PRESCRIPTION DRUGS	12	102		1,369.80	13.43	.622	114.15	8.35
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	12	102		1,369.80	13.43	.622	114.15	8.35
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 10,318
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE							
164 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00	

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 10,319
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM										AID CODE

						----- MONTHLY AVERAGE -----		
164 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSTOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	8	94	\$ 1,770.36	\$ 18.83	.573	\$ 221.30	\$ 10.79
CLINIC	8	94	1,770.36	18.83	.573	221.30	10.79
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,320
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE

164 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1	2	\$ 24.30	\$ 12.15	.012	\$ 24.30	\$.15

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

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01/17/03

	2,380 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,061	12,645	\$	892,603.05	\$ 70.59	5.313	\$ 433.09	\$ 375.04
@PHYSICIANS SERVICES	852	4,297	\$	221,403.57	\$ 51.53	1.805	\$ 259.86	\$ 93.03
OUTPATIENT VISITS	348	1,171		43,544.76	37.19	.492	125.13	18.30
OFFICE VISITS	77	87		4,756.40	54.67	.037	61.77	2.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	41	43		2,701.38	62.82	.018	65.89	1.14
PREVENTIVE CARE	1	1		34.69	34.69	.000	34.69	.01
OB VISITS/COMPRE PERI	246	1,031		35,822.90	34.75	.433	145.62	15.05
OTHER OUTPATIENT	9	9		229.39	25.49	.004	25.49	.10
INPATIENT VISITS	87	208		12,354.22	59.40	.087	142.00	5.19

HOSPITAL VISITS	83	172	7,594.14	44.15	.072	91.50	3.19
CRITICAL CARE	4	36	4,760.08	132.22	.015	1190.02	2.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	136	712	89,643.11	125.90	.299	659.14	37.67
PRINCIPAL SURGEON	91	98	73,478.65	749.78	.041	807.46	30.87
ASSISTANT SURGEON	16	16	2,939.38	183.71	.007	183.71	1.24
ANESTHESIOLOGIST	59	598	13,225.08	22.12	.251	224.15	5.56
OUTPATIENT SURGERY	204	356	36,180.25	101.63	.150	177.35	15.20
PRINCIPAL SURGEON	198	239	32,629.28	136.52	.100	164.79	13.71
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	109	117	3,550.97	30.35	.049	32.58	1.49
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	167	389	3,501.86	9.00	.163	20.97	1.47
RADIOLOGY	315	390	26,072.12	66.85	.164	82.77	10.95
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	199	570	5,426.45	9.52	.239	27.27	2.28
OTHER SERVICES/ALL X-OVERS	141	501	4,680.80	9.34	.211	33.20	1.97
@PHARMACY	309	573	9,227.68	16.10	.241	29.86	3.88
PRESCRIPTION DRUGS	309	568	8,849.82	15.58	.239	28.64	3.72
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	309	568	8,849.82	15.58	.239	28.64	3.72
MEDICAL SUPPLIES	3	5	377.86	75.57	.002	125.95	.16
@DENTIST	0	0	.00	.00	.000	.00	.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,322
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

	2,380 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	2	3	\$	179.85	\$ 59.95	.001	\$ 89.93	\$.08
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	1	11	\$	431.29	\$ 39.21	.005	\$ 431.29	\$.18
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	395	2,233	\$	478,499.25	\$ 214.29	.938	\$ 1211.39	\$ 201.05
HOSP INPATIENT TOTAL	116	365		443,262.84	1214.42	.153	3821.23	186.24
HSC HOSPITALS	115	362		434,702.64	1200.84	.152	3780.02	182.65
NON-HSC HOSPITAL TOTAL	1	3		8,560.20	2853.40	.001	8560.20	3.60
ACCOMMODATIONS	1	3		1,973.40	657.80	.001	1973.40	.83
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3		1,973.40	657.80	.001	1973.40	.83
ANCILLARIES	1	0		6,586.80	.00	.000	6586.80	2.77
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	318	1,868		35,236.41	18.86	.785	110.81	14.81
MEDICAL	11	13		527.10	40.55	.005	47.92	.22
SURGERY	44	70		2,267.33	32.39	.029	51.53	.95
PATHOLOGY	138	610		8,198.82	13.44	.256	59.41	3.44
RADIOLOGY	66	72		4,560.88	63.35	.030	69.10	1.92
ROOM USE	180	240		9,270.23	38.63	.101	51.50	3.90
CROSSOVERS/ALL OTH OUTPTNT	149	863		10,412.05	12.06	.363	69.88	4.37
@COUNTY HOSPITAL TOTAL	30	133	\$	7,500.00	\$ 56.39	.056	\$ 250.00	\$ 3.15
CO HOSPITAL INPATIENT TOTAL	1	3		4,056.03	1352.01	.001	4056.03	1.70
HSC HOSPITALS	1	3		4,056.03	1352.01	.001	4056.03	1.70
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	29	130		3,443.97	26.49	.055	118.76	1.45
MEDICAL	4	4		34.06	8.52	.002	8.52	.01
SURGERY	9	14		406.48	29.03	.006	45.16	.17
PATHOLOGY	16	60		1,282.73	21.38	.025	80.17	.54
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	13	23		1,351.37	58.76	.010	103.95	.57
CROSSOVERS/ALL OTH OUTPTNT	17	29		369.33	12.74	.012	21.73	.16

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

	2,380 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	365		2,100	\$ 470,999.25	\$ 224.29	.882	\$ 1290.41	\$ 197.90
COMM HOSP INPATIENT TOTAL	115		362	439,206.81	1213.28	.152	3819.19	184.54
HSC HOSPITALS	114		359	430,646.61	1199.57	.151	3777.60	180.94
NON-HSC HOSPITALS TOTAL	1		3	8,560.20	2853.40	.001	8560.20	3.60
ACCOMMODATIONS	1		3	1,973.40	657.80	.001	1973.40	.83
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	1	3	1,973.40	657.80	.001	1973.40	.83
ANCILLARIES	1	0	6,586.80	.00	.000	6586.80	2.77
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	289	1,738	31,792.44	18.29	.730	110.01	13.36
MEDICAL	7	9	493.04	54.78	.004	70.43	.21
SURGERY	35	56	1,860.85	33.23	.024	53.17	.78
PATHOLOGY	122	550	6,916.09	12.57	.231	56.69	2.91
RADIOLOGY	66	72	4,560.88	63.35	.030	69.10	1.92
ROOM USE	167	217	7,918.86	36.49	.091	47.42	3.33
CROSSOVERS/ALL OTH OUTPTNT	132	834	10,042.72	12.04	.350	76.08	4.22
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	343	907	14,473.32	15.96	.381	42.20	6.08
PATHOLOGY	343	907	14,473.32	15.96	.381	42.20	6.08
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	874	4,468	159,694.53	35.74	1.877	182.72	67.10
CLINIC	840	4,358	155,415.03	35.66	1.831	185.02	65.30
SURGICENTER	9	71	1,749.65	24.64	.030	194.41	.74
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	25	39	2,529.85	64.87	.016	101.19	1.06

#CALIF DEPT OF HEALTH SERV MOP024 SACRAMENTO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

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2,380 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	89	153	\$	8,693.56	\$ 56.82	.064	\$ 97.68	\$ 3.65
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	69		1,101.56	15.96	.029	183.59	.46
AMBULANCES/AIR TRANS	6	69		1,101.56	15.96	.029	183.59	.46
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	83	84		7,592.00	90.38	.035	91.47	3.19

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	8	68	\$	53,774.08	\$	790.80	.029	\$ 6721.76 \$ 22.59
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 10,325
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 74 FOR FUTURE USE		

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00
OFFICE VISITS	0	0	.00	.00	.000	.00
HOME VISITS	0	0	.00	.00	.000	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00
CRITICAL CARE	0	0	.00	.00	.000	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00
EXAMINATIONS	0	0	.00	.00	.000	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
DIALYSIS	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
PSYCHIATRY	0	0	.00	.00	.000	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 74 FOR FUTURE USE

PAGE 10,326
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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00

@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 74 FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	\$	.000	\$	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	\$	.000	\$	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	\$	.000	\$	\$
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	\$	.000	\$	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	\$	.000	\$	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	\$	.000	\$	\$
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	\$	.000	\$	\$
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 SACRAMENTO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 74 FOR FUTURE USE

PAGE 10,328 01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 10,329
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC	AID CODES 6N

2,947 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,251	8,278	\$ 513,948.91	\$ 62.09	2.809	\$ 410.83	\$ 174.40
@PHYSICIANS SERVICES	510	1,302	\$ 50,271.99	\$ 38.61	.442	\$ 98.57	\$ 17.06
OUTPATIENT VISITS	385	511	18,693.00	36.58	.173	48.55	6.34
OFFICE VISITS	265	346	10,464.49	30.24	.117	39.49	3.55
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	103	121	6,774.57	55.99	.041	65.77	2.30
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	2	227.36	113.68	.001	113.68	.08
OTHER OUTPATIENT	38	42	1,226.58	29.20	.014	32.28	.42
INPATIENT VISITS	25	110	6,461.97	58.75	.037	258.48	2.19
HOSPITAL VISITS	25	100	5,064.87	50.65	.034	202.59	1.72
CRITICAL CARE	3	10	1,397.10	139.71	.003	465.70	.47
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	3	107.51	35.84	.001	35.84	.04
EXAMINATIONS	2	2	87.51	43.76	.001	43.76	.03
SERVICES AND MATERIALS	1	1	20.00	20.00	.000	20.00	.01
INPATIENT HOSPITAL SURGERY	17	87	6,660.85	76.56	.030	391.81	2.26
PRINCIPAL SURGEON	10	16	4,966.02	310.38	.005	496.60	1.69
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	9	71	1,694.83	23.87	.024	188.31	.58
OUTPATIENT SURGERY	30	59	3,689.00	62.53	.020	122.97	1.25
PRINCIPAL SURGEON	28	31	3,173.34	102.37	.011	113.33	1.08

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	28	515.66	18.42	.010	128.92	.17
DIALYSIS	2	3	169.80	56.60	.001	84.90	.06
PATHOLOGY	40	69	668.22	9.68	.023	16.71	.23
RADIOLOGY	107	182	6,344.46	34.86	.062	59.29	2.15
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	18	81	1,065.91	13.16	.027	59.22	.36
OTHER SERVICES/ALL X-OVERS	100	197	6,411.27	32.54	.067	64.11	2.18
@PHARMACY	864	3,682	\$ 220,764.19	\$ 59.96	1.249	\$ 255.51	\$ 74.91
PRESCRIPTION DRUGS	856	2,910	217,524.55	74.75	.987	254.12	73.81
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	856	2,910	217,524.55	74.75	.987	254.12	73.81
MEDICAL SUPPLIES	43	772	3,239.64	4.20	.262	75.34	1.10
@DENTIST	135	617	\$ 22,566.60	\$ 36.57	.209	\$ 167.16	\$ 7.66
VISITS - DIAGNOSTIC	92	381	5,061.60	13.29	.129	55.02	1.72
ORAL SURGERY	27	52	2,881.00	55.40	.018	106.70	.98
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.03
PERIODONTICS	12	15	2,200.00	146.67	.005	183.33	.75
ENDODONTICS	9	13	1,577.00	121.31	.004	175.22	.54
RESTORATIVE DENTISTRY	46	139	9,292.00	66.85	.047	202.00	3.15
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	5	9	1,145.00	127.22	.003	229.00	.39
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	2	2	140.00	70.00	.001	70.00	.05
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	3	3	170.00	56.67	.001	56.67	.06
ALL OTHER SERVICES	1	2	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 10,330
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SACRAMENTO COUNTY	SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC						
				AID CODES 6N			
				----- MONTHLY AVERAGE -----			
2,947 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	24	80	\$ 1,662.78	\$ 20.78	.027	\$ 69.28	\$.56
DIAGNOSTIC AND ANC. PROCED	13	13	616.85	47.45	.004	47.45	.21
EYE APPLIANCES	22	65	990.47	15.24	.022	45.02	.34
OTHER OPTOMETRIC SERVICES	1	2	55.46	27.73	.001	55.46	.02
@CHIROPRACTOR	6	6	\$ 100.32	\$ 16.72	.002	\$ 16.72	\$.03
VISITS	6	6	100.32	16.72	.002	16.72	.03
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	7	10	\$ 184.77	\$ 18.48	.003	\$ 26.40	\$.06
MEDICINE/INJECTIONS	6	8	155.15	19.39	.003	25.86	.05
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	2	29.62	14.81	.001	29.62	.01
@HOME HEALTH AGENCY	3	52	\$ 3,715.03	\$ 71.44	.018	\$ 1238.34	\$ 1.26
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	11	23	\$ 536.05	\$ 23.31	.008	\$ 48.73	\$.18
@TOTAL HOSPITAL	222	1,415	\$ 193,144.48	\$ 136.50	.480	\$ 870.02	\$ 65.54
HOSP INPATIENT TOTAL	27	136	168,211.13	1236.85	.046	6230.04	57.08
HSC HOSPITALS	25	123	136,221.02	1107.49	.042	5448.84	46.22
NON-HSC HOSPITAL TOTAL	1	10	31,964.42	3196.44	.003	31964.42	10.85
ACCOMMODATIONS	1	10	18,177.35	1817.74	.003	18177.35	6.17

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	10	18,177.35	1817.74	.003	18177.35	6.17
ANCILLARIES	1	0	13,787.07	.00	.000	13787.07	4.68
INPATIENT CROSSOVERS	1	3	25.69	8.56	.001	25.69	.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	203	1,279	24,933.35	19.49	.434	122.82	8.46
MEDICAL	48	56	1,837.51	32.81	.019	38.28	.62
SURGERY	15	22	753.18	34.24	.007	50.21	.26
PATHOLOGY	89	726	5,569.62	7.67	.246	62.58	1.89
RADIOLOGY	54	82	5,467.24	66.67	.028	101.25	1.86
ROOM USE	153	213	8,016.84	37.64	.072	52.40	2.72
CROSSOVERS/ALL OTH OUTPTNT	77	180	3,288.96	18.27	.061	42.71	1.12
@COUNTY HOSPITAL TOTAL	4	15	\$ 1,463.59	\$ 97.57	.005	\$ 365.90	\$.50
CO HOSPITAL INPATIENT TOTAL	1	1	1,075.00	1075.00	.000	1075.00	.36
HSC HOSPITALS	1	1	1,075.00	1075.00	.000	1075.00	.36
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	14	388.59	27.76	.005	97.15	.13
MEDICAL	3	3	194.79	64.93	.001	64.93	.07
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	4	37.19	9.30	.001	37.19	.01
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	3	4	132.86	33.22	.001	44.29	.05
CROSSOVERS/ALL OTH OUTPTNT	3	3	23.75	7.92	.001	7.92	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,331

2,947 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	218	1,400	\$ 191,680.89	\$ 136.91	.475	\$ 879.27	\$ 65.04
COMM HOSP INPATIENT TOTAL	26	135	167,136.13	1238.05	.046	6428.31	56.71
HSC HOSPITALS	24	122	135,146.02	1107.75	.041	5631.08	45.86
NON-HSC HOSPITALS TOTAL	1	10	31,964.42	3196.44	.003	31964.42	10.85
ACCOMMODATIONS	1	10	18,177.35	1817.74	.003	18177.35	6.17
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	10	18,177.35	1817.74	.003	18177.35	6.17
ANCILLARIES	1	0	13,787.07	.00	.000	13787.07	4.68
INPATIENT CROSSOVERS	1	3	25.69	8.56	.001	25.69	.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	199	1,265	24,544.76	19.40	.429	123.34	8.33
MEDICAL	45	53	1,642.72	30.99	.018	36.50	.56
SURGERY	15	22	753.18	34.24	.007	50.21	.26
PATHOLOGY	88	722	5,532.43	7.66	.245	62.87	1.88
RADIOLOGY	54	82	5,467.24	66.67	.028	101.25	1.86
ROOM USE	150	209	7,883.98	37.72	.071	52.56	2.68
CROSSOVERS/ALL OTH OUTPTNT	74	177	3,265.21	18.45	.060	44.12	1.11
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	3	6	\$ 269.16	\$ 44.86	.002	\$ 89.72	\$.09
HOSPITAL BASED	3	6	269.16	44.86	.002	89.72	.09
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	79	402	\$ 4,206.20	\$ 10.46	.136	\$ 53.24	\$ 1.43
PATHOLOGY	79	402	4,206.20	10.46	.136	53.24	1.43
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	61	137	\$ 3,654.98	\$ 26.68	.046	\$ 59.92	\$ 1.24
CLINIC	50	117	1,939.48	16.58	.040	38.79	.66
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	1	7	102.20	14.60	.002	102.20	.03
RURAL HEALTH CLINIC	10	13	1,613.30	124.10	.004	161.33	.55

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	118	546	\$	12,872.36	\$ 23.58	.185	\$ 109.09	\$ 4.37
DURABLE MED. EQUIP.	1	1		274.60	274.60	.000	274.60	.09
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	29	248		5,115.58	20.63	.084	176.40	1.74
AMBULANCES/AIR TRANS	28	236		5,027.34	21.30	.080	179.55	1.71
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	12		88.24	7.35	.004	88.24	.03
ACUPUNCTURE	9	17		308.17	18.13	.006	34.24	.10
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2		160.00	80.00	.001	80.00	.05
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	23	53		525.94	9.92	.018	22.87	.18
PHYSICAL THERAPIST	1	11		175.09	15.92	.004	175.09	.06
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	28		3,870.76	138.24	.010	967.69	1.31
PROSTHETICS	3	27		3,860.91	143.00	.009	1286.97	1.31
ORTHOTICS	1	1		9.85	9.85	.000	9.85	.00
PSYCHOLOGIST	1	9		588.83	65.43	.003	588.83	.20
SPEECH AND AUDIOLOGY	3	8		217.53	27.19	.003	72.51	.07
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	46	169		1,635.86	9.68	.057	35.56	.56
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	66	409	\$	81,285.05	\$ 198.74	.139	\$ 1231.59	\$ 27.58
@XOVER EXCLUDING STATE HOSP**	26	73	\$	691.59	\$ 9.47	.025	\$ 26.60	\$.23

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 10,333
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

					----- MONTHLY AVERAGE -----			
1,053,968 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	724,849	25,588,526	\$ 448,880,087.78	\$ 17.54	24.278	\$ 619.27	\$ 425.90	
@PHYSICIANS SERVICES	243,133	854,497	\$ 33,737,799.66	\$ 39.48	.811	\$ 138.76	\$ 32.01	
OUTPATIENT VISITS	144,399	241,259	8,481,809.64	35.16	.229	58.74	8.05	
OFFICE VISITS	102,271	138,772	4,535,890.99	32.69	.132	44.35	4.30	
HOME VISITS	351	441	16,543.02	37.51	.000	47.13	.02	
EMERGENCY ROOM	26,723	31,748	1,787,087.18	56.29	.030	66.87	1.70	
PREVENTIVE CARE	342	349	13,294.79	38.09	.000	38.87	.01	
OB VISITS/COMPRI PERI	11,498	52,560	1,665,407.32	31.69	.050	144.84	1.58	
OTHER OUTPATIENT	13,956	17,389	463,586.34	26.66	.016	33.22	.44	
INPATIENT VISITS	15,087	74,925	4,669,516.41	62.32	.071	309.51	4.43	
HOSPITAL VISITS	12,528	58,197	2,528,205.35	43.44	.055	201.80	2.40	
CRITICAL CARE	1,824	13,438	2,040,477.31	151.84	.013	1118.68	1.94	
SNF/ICF/TRANS IP CARE	1,936	3,290	100,833.75	30.65	.003	52.08	.10	
OPHTHALMOLOGICAL SERVICES	3,611	4,318	176,913.22	40.97	.004	48.99	.17	
EXAMINATIONS	3,169	3,871	168,063.77	43.42	.004	53.03	.16	
SERVICES AND MATERIALS	446	447	8,849.45	19.80	.000	19.84	.01	

INPATIENT HOSPITAL SURGERY	10,263	52,059	6,112,682.46	117.42	.049	595.60	5.80
PRINCIPAL SURGEON	7,331	10,631	4,887,050.41	459.70	.010	666.63	4.64
ASSISTANT SURGEON	883	996	187,351.84	188.10	.001	212.18	.18
ANESTHESIOLOGIST	4,223	40,432	1,038,280.21	25.68	.038	245.86	.99
OUTPATIENT SURGERY	12,969	30,170	2,722,167.32	90.23	.029	209.90	2.58
PRINCIPAL SURGEON	10,939	14,132	2,254,170.95	159.51	.013	206.07	2.14
ASSISTANT SURGEON	94	94	14,503.12	154.29	.000	154.29	.01
ANESTHESIOLOGIST	3,338	15,944	453,493.25	28.44	.015	135.86	.43
DIALYSIS	1,329	7,696	337,986.33	43.92	.007	254.32	.32
PATHOLOGY	22,816	46,997	652,588.73	13.89	.045	28.60	.62
RADIOLOGY	43,971	88,796	3,885,246.17	43.75	.084	88.36	3.69
PSYCHIATRY	100	179	7,222.03	40.35	.000	72.22	.01
IMMUNIZATION AND INJECTION	7,851	45,488	1,575,857.16	34.64	.043	200.72	1.50
OTHER SERVICES/ALL X-OVERS	86,494	262,610	5,115,810.19	19.48	.249	59.15	4.85
@PHARMACY	452,482	6,339,458	\$ 138,995,784.97	\$ 21.93	6.015	\$ 307.19	\$ 131.88
PRESCRIPTION DRUGS	446,817	1,872,009	129,099,326.83	68.96	1.776	288.93	122.49
SNF/ICF	28,160	182,375	9,792,084.08	53.69	.173	347.73	9.29
OUTPATIENTS	420,857	1,689,634	119,307,242.75	70.61	1.603	283.49	113.20
MEDICAL SUPPLIES	36,700	4,467,449	9,896,458.14	2.22	4.239	269.66	9.39
@DENTIST	57,793	276,206	\$ 10,719,884.99	\$ 38.81	.262	\$ 185.49	\$ 10.17
VISITS - DIAGNOSTIC	39,445	178,189	2,287,037.99	12.83	.169	57.98	2.17
ORAL SURGERY	8,712	20,934	993,488.45	47.46	.020	114.04	.94
DRUGS	252	284	5,025.00	17.69	.000	19.94	.00
ANESTHESIA	141	146	12,374.00	84.75	.000	87.76	.01
PERIODONTICS	3,777	4,207	692,822.18	164.68	.004	183.43	.66
ENDODONTICS	3,684	6,173	1,161,550.90	188.17	.006	315.30	1.10
RESTORATIVE DENTISTRY	16,851	46,413	3,497,070.02	75.35	.044	207.53	3.32
PROSTHETICS	518	571	19,295.00	33.79	.001	37.25	.02
DENTURES, STAYPLATES	5,853	16,871	1,959,775.69	116.16	.016	334.83	1.86
SPACE MAINTAINERS	121	159	12,696.93	79.85	.000	104.93	.01
MAXILLOFACIAL SERVICES	84	93	6,968.53	74.93	.000	82.96	.01
FRACTURES, DISLOCATIONS	4	5	800.00	160.00	.000	200.00	.00
ORTHODONTIC SERVICES	743	1,279	66,680.40	52.13	.001	89.74	.06
ALL OTHER SERVICES	603	882	4,299.90	4.88	.001	7.13	.00
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					----- MONTHLY AVERAGE -----		
1,053,968 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	17,286	56,596	\$ 1,211,827.65	\$ 21.41	.054	\$ 70.10	\$ 1.15
DIAGNOSTIC AND ANC. PROCED	9,852	10,073	457,587.98	45.43	.010	46.45	.43
EYE APPLIANCES	14,148	45,324	727,539.25	16.05	.043	51.42	.69
OTHER OPTOMETRIC SERVICES	826	1,199	26,700.42	22.27	.001	32.32	.03
@CHIROPRACTOR	860	1,741	\$ 28,166.72	\$ 16.18	.002	\$ 32.75	\$.03
VISITS	808	1,650	27,190.90	16.48	.002	33.65	.03
OTHER SERVICES	53	91	975.82	10.72	.000	18.41	.00
@PODIATRIST	12,492	21,096	\$ 340,581.58	\$ 16.14	.020	\$ 27.26	\$.32
MEDICINE/INJECTIONS	3,051	3,673	97,512.12	26.55	.003	31.96	.09
SURGERY/ANES.	322	498	19,368.07	38.89	.000	60.15	.02
RADIO./PATHOLOGY	204	279	4,835.84	17.33	.000	23.71	.00
OTHER	9,567	16,646	218,865.55	13.15	.016	22.88	.21
@HOME HEALTH AGENCY	3,975	235,678	\$ 8,039,797.51	\$ 34.11	.224	\$ 2022.59	\$ 7.63
NURSE ANESTHESIST	404	3,499	\$ 16,956.71	\$ 4.85	.003	\$ 41.97	\$.02
NURSE MIDWIFE	158	1,336	\$ 41,721.26	\$ 31.23	.001	\$ 264.06	\$.04
PEDIATRIC NURSE PRACTITIONER	2	2	\$ 51.20	\$ 25.60	.000	\$ 25.60	\$.00

FAMILY NURSE PRACTITIONER	885	1,895	\$	45,216.42	\$	23.86	.002	\$	51.09	\$	.04
@TOTAL HOSPITAL	94,738	596,120	\$	104,520,049.82	\$	175.33	.566	\$	1103.25	\$	99.17
HOSP INPATIENT TOTAL	15,406	92,609		92,406,768.58		997.82	.088		5998.10		87.68
HSC HOSPITALS	13,110	71,868		84,355,538.02		1173.76	.068		6434.44		80.04
NON-HSC HOSPITAL TOTAL	891	7,320		6,579,781.79		898.88	.007		7384.72		6.24
ACCOMMODATIONS	880	7,320		3,264,334.10		445.95	.007		3709.47		3.10
ADMINISTRATIVE DAYS	384	4,611		971,680.12		210.73	.004		2530.42		.92
TRANSITIONAL IP CARE	0	0		251.71		.00	.000		.00		.00
ALL OTHER ACCOM	504	2,709		2,292,402.27		846.22	.003		4548.42		2.18
ANCILLARIES	888	0		3,315,447.69		.00	.000		3733.61		3.15
INPATIENT CROSSOVERS	1,713	13,421		1,471,448.78		109.64	.013		858.99		1.40
ALL OTHER INPATIENT	0	0		.01CR		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	84,045	503,511		12,113,281.24		24.06	.478		144.13		11.49
MEDICAL	11,695	17,086		742,508.54		43.46	.016		63.49		.70
SURGERY	6,396	7,695		386,433.69		50.22	.007		60.42		.37
PATHOLOGY	27,231	176,282		1,580,844.55		8.97	.167		58.05		1.50
RADIOLOGY	18,818	29,774		2,321,647.45		77.98	.028		123.37		2.20
ROOM USE	48,962	70,584		2,844,511.13		40.30	.067		58.10		2.70
CROSSOVERS/ALL OTH OUTPTNT	42,139	202,090		4,237,335.88		20.97	.192		100.56		4.02
@COUNTY HOSPITAL TOTAL	989	5,092	\$	897,687.20	\$	176.29	.005	\$	907.67	\$	.85
CO HOSPITAL INPATIENT TOTAL	129	766		770,787.22		1006.25	.001		5975.09		.73
HSC HOSPITALS	120	677		743,167.54		1097.74	.001		6193.06		.71
NON-HSC HOSPITALS TOTAL	5	23		15,258.58		663.42	.000		3051.72		.01
ACCOMMODATIONS	5	23		5,000.58		217.42	.000		1000.12		.00
ADMINISTRATIVE DAYS	3	19		3,655.98		192.42	.000		1218.66		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	4		1,344.60		336.15	.000		672.30		.00
ANCILLARIES	5	0		10,258.00		.00	.000		2051.60		.01
INPATIENT CROSSOVERS	7	66		12,361.10		187.29	.000		1765.87		.01
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	894	4,326		126,899.98		29.33	.004		141.95		.12
MEDICAL	275	386		15,665.17		40.58	.000		56.96		.01
SURGERY	133	184		7,792.19		42.35	.000		58.59		.01
PATHOLOGY	376	1,689		24,734.56		14.64	.002		65.78		.02
RADIOLOGY	180	247		20,873.12		84.51	.000		115.96		.02
ROOM USE	520	785		35,397.14		45.09	.001		68.07		.03
CROSSOVERS/ALL OTH OUTPTNT	415	1,035		22,437.80		21.68	.001		54.07		.02

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					----- MONTHLY AVERAGE -----			
1,053,968 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	93,925	591,028	\$ 103,622,362.62	\$ 175.33	.561	\$ 1103.25	\$ 98.32	
COMM HOSP INPATIENT TOTAL	15,291	91,843	91,635,981.36	997.75	.087	5992.81	86.94	
HSC HOSPITALS	13,002	71,191	83,612,370.48	1174.48	.068	6430.73	79.33	
NON-HSC HOSPITALS TOTAL	886	7,297	6,564,523.21	899.62	.007	7409.17	6.23	
ACCOMMODATIONS	875	7,297	3,259,333.52	446.67	.007	3724.95	3.09	
ADMINISTRATIVE DAYS	381	4,592	968,024.14	210.81	.004	2540.75	.92	
TRANSITIONAL IP CARE	0	0	251.71	.00	.000	.00	.00	
ALL OTHER ACCOM	502	2,705	2,291,057.67	846.97	.003	4563.86	2.17	
ANCILLARIES	883	0	3,305,189.69	.00	.000	3743.14	3.14	
INPATIENT CROSSOVERS	1,707	13,355	1,459,087.68	109.25	.013	854.77	1.38	
ALL OTHER INPATIENT	0	0	.01CR	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	83,291	499,185	11,986,381.26	24.01	.474	143.91	11.37	
MEDICAL	11,433	16,700	726,843.37	43.52	.016	63.57	.69	

SURGERY	6,266	7,511		378,641.50		50.41	.007	60.43	.36
PATHOLOGY	26,895	174,593		1,556,109.99		8.91	.166	57.86	1.48
RADIOLOGY	18,659	29,527		2,300,774.33		77.92	.028	123.31	2.18
ROOM USE	48,523	69,799		2,809,113.99		40.25	.066	57.89	2.67
CROSSOVERS/ALL OTH OUTPTNT	41,762	201,055		4,214,898.08		20.96	.191	100.93	4.00
@STATE HOSPITAL	54	2,482	\$	1,112,237.49	\$	448.12	.002	\$ 20596.99	\$ 1.06
MENTALLY ILL	21	751		353,174.58		470.27	.001	16817.84	.34
DEVELOP. DISABLED	33	1,731		759,062.91		438.51	.002	23001.91	.72
@NURSING FACILITY	28,719	882,644	\$	96,552,949.52	\$	109.39	.837	\$ 3361.99	\$ 91.61
LEV A-INTERMEDIATE	871	28,722		1,643,745.13		57.23	.027	1887.19	1.56
LEV B-REHAB MD	533	17,690		1,823,166.12		103.06	.017	3420.57	1.73
LEV B-SUBACUTE FREESTANDING	23	763		448,575.03		587.91	.001	19503.26	.43
LEV B-SUBACUTE HSPTL BASED	250	10,339		5,221,668.39		505.05	.010	20886.67	4.95
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	27,127	825,130		87,415,794.85		105.94	.783	3222.46	82.94
@INTERMEDIATE CARE FACIL.-DD	2,016	61,163	\$	7,928,120.51	\$	129.62	.058	\$ 3932.60	\$ 7.52
ICF DDH	985	30,109		4,192,021.72		139.23	.029	4255.86	3.98
ICF DD	979	29,401		3,480,531.04		118.38	.028	3555.19	3.30
ICF DDN/DDCN	52	1,653		255,567.75		154.61	.002	4914.76	.24
@HEMODIALYSIS TOTAL	4,887	129,408	\$	6,780,058.14	\$	52.39	.123	\$ 1387.37	\$ 6.43
HOSPITAL BASED	110	2,688		461,755.50		171.78	.003	4197.78	.44
HEMODIALYSIS CENTER	4,780	126,720		6,318,302.64		49.86	.120	1321.82	5.99
@REHABILITATION FACILITY	2,419	17,627	\$	379,485.28	\$	21.53	.017	\$ 156.88	\$.36
HOSPITAL BASED	1,034	3,721		126,792.04		34.07	.004	122.62	.12
INDEPENDENT FACILITY	1,392	13,906		252,693.24		18.17	.013	181.53	.24
@LABORATORY FACILITY	52,490	217,142	\$	2,679,114.01	\$	12.34	.206	\$ 51.04	\$ 2.54
PATHOLOGY	52,173	216,219		2,671,107.57		12.35	.205	51.20	2.53
XO AND OTHERS	319	923		8,006.44		8.67	.001	25.10	.01
@ORGANIZED OUTPATIENT CLINIC	28,195	99,054	\$	3,865,575.01	\$	39.02	.094	\$ 137.10	\$ 3.67
CLINIC	19,216	77,182		2,007,840.79		26.01	.073	104.49	1.91
SURGICENTER	1,725	8,229		363,585.94		44.18	.008	210.77	.34
HEROIN DETOX CLINIC	120	1,690		18,696.20		11.06	.002	155.80	.02

RURAL HEALTH CLINIC
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1,053,968 ELIGIBLES							
@ALL OTHER PROVIDERS	182,395	15,790,881	\$ 31,884,682.53	\$ 2.02	14.982	\$ 174.81	\$ 30.25
DURABLE MED. EQUIP.	9,333	40,377	5,400,641.15	133.76	.038	578.66	5.12
BLOOD BANK	19	341	5,659.90	16.60	.000	297.89	.01
HEARING AID DISPENSERS	447	563	102,865.15	182.71	.001	230.12	.10
MEDICAL TRANSPORTATION	22,149	969,564	4,916,386.61	5.07	.920	221.97	4.66
AMBULANCES/AIR TRANS	8,084	77,565	1,418,646.29	18.29	.074	175.49	1.35
OTHER TRANS	8,723	830,863	2,937,438.38	3.54	.788	336.75	2.79
OTHER SERVICES	6,387	61,136	560,301.94	9.16	.058	87.73	.53
ACUPUNCTURE	4,765	11,726	205,611.01	17.53	.011	43.15	.20
ADULT DAY HEALTH CARE CTR	4,337	58,971	3,936,640.57	66.76	.056	907.69	3.74
GENETIC DISEASE TESTING	5,853	5,882	475,775.00	80.89	.006	81.29	.45
IHMC,MODEL-NF,NF,AIDS,MSSP	3,637	94,010	3,632,290.92	38.64	.089	998.71	3.45
OCCUPATIONAL THERAPIST	138	2,698	12,427.36	4.61	.003	90.05	.01
OPTICIAN	33,178	76,130	836,011.99	10.98	.072	25.20	.79
PHYSICAL THERAPIST	262	1,532	25,439.28	16.61	.001	97.10	.02
PORTABLE X-RAY	222	465	6,583.99	14.16	.000	29.66	.01
PROSTHETIST/ORTHOTISTS	3,047	7,585	551,610.78	72.72	.007	181.03	.52
PROSTHETICS	2,371	6,667	485,830.02	72.87	.006	204.91	.46
ORTHOTICS	751	918	65,780.76	71.66	.001	87.59	.06
PSYCHOLOGIST	333	1,013	44,949.84	44.37	.001	134.98	.04
SPEECH AND AUDIOLOGY	6,578	23,113	1,115,392.13	48.26	.022	169.56	1.06
HOSPICE SERVICES	481	11,182	1,420,371.98	127.02	.011	2952.96	1.35
NONINST BIRTHING CENTERS	10	10	10,072.30	1007.23	.000	1007.23	.01
LOCAL EDUCATION AGENCIES	70,365	593,728	5,041,270.27	8.49	.563	71.64	4.78
EPSDT SUPPLEMENTAL SERVICE	6	1,387	30,787.56	22.20	.001	5131.26	.03
RESPIRATORY CARE PRACT.	1	1	26.80	26.80	.000	26.80	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	30,777	13,890,604	4,113,894.74	.30	13.179	133.67	3.90
@CALIF. CHILDREN SERVICES*	18,751	462,991	\$ 38,686,842.00	\$ 83.56	.439	\$ 2063.19	\$ 36.71
@XOVER EXCLUDING STATE HOSP**	91,457	1,345,620	\$ 12,282,681.83	\$ 9.13	1.277	\$ 134.30	\$ 11.65

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.